ABSTRACT
OF THE
# Introductory Address
AT THE
# ROYAL COLLEGE OF SURGEONS, IRELAND.

*Delivered at the opening of the Session, Oct. 27th, 1873,*

## BY E. D. MAPOTHER, M.D.

DR. MAPOTHER, who took for the subject of his address the lives and labours of distinguished Irish surgeons, and the means by which they attained eminence, gave in chronological order a long roll of names that had adorned the profession in Ireland at a time when it met with little encouragement either from the Government or from the public. Commencing with Allen Mullen (born about the middle of the seventeenth century), known for his contributions to anatomy, human and comparative, amongst which may be mentioned his discovery of the ciliary vessels and nerves, Dr. Mapother came to that well-known and eccentric personage, Sir Hans Sloane, who, leaving Ireland at an early age on account of ill-health, became famous in London, where he succeeded Newton in the chair of the Royal Society, and was for sixteen years president of the College of Physicians. Sir Hans Sloane appears to have foreshadowed Virchow's discovery of embolism, for in one of his letters he says that polypi are found so frequently in the bloodvessels that they deserve to be treated as a particular disease. Sloane enjoyed perfect health up to his ninety-second year, and attributed his longevity to abstinence from wine. A great surgeon at the end of the seventeenth century was Probyn, whose successful extraction of a bodkin from the female bladder by the "high" operation is recorded in the Philosophical Transactions.

Dr. Mapother then sketched the foundation of the hospitals and lying-in institutions of Dublin, all established chiefly through the exertions of medical men; and went on to state that clinical teaching was taught in Dublin in 1785, four wards of Mercer's Hospital being devoted to the reception of cases destined to illustrate lectures at the College of Physicians. The cities of Dublin and Cork produced two illustrious surgeons, about the middle of the last century, in the persons of Maurice O'Connell and O'Halloran. The former wrote, in 1746, a treatise on Fevers, Calculus, and Syphilis, the merits of which induced Professor Gaulius, of Leyden, to confer on him the title of the "Irish Sydenham." O'Halloran, when very young, wrote a treatise on Cataract, and effected an improvement in several ophthalmic procedures. A Dr. Paddy (not, said Dr. Mapother, an Irish one) was chosen first lecturer on Anatomy at the Barber-Surgeons' Hall. Two good surgeons were George Daunt and Henry Morris. The former will be remembered by his lithotomy instruments, for which the Academy of Paris, in 1754, voted him thanks. Morris, in 1773, cut out, in Mercer's Hospital, a stone weighing fifteen ounces and a half.

Sir Henry Jebb was Professor of Midwifery to, and finally, in 1800, President of, the Dublin College of Surgeons. Among the original founders of the College was Professor William Dease, who published a book on Injuries of the Head, and Observations in Midwifery. Dr. Dease was a member of the body of the "United Irishmen," and the fear of imminent arrest for complicity in Lord Edward Fitzgerald's rising was probably the cause of his committing suicide by opening the femoral artery, although another version of the sad story of his death states that having opened an aneurism for an abscess, he was so horrified at the patient's death that he inflicted the same mortal wound upon himself. Abraham Colles filled the chair of Anatomy and Surgery at the College from 1804 to 1836, and was also for thirty years examiner. His works on Surgical Anatomy and on Fracture of the Radius, and on Syphilis, gained for him great renown. Like Abernethy, Colles declined a baronetcy. His funeral is said to have been more largely attended than any in Dublin for the previous forty years No career could be more worthy or honourable than that of Richard Carmichael, who at the age of thirty-three became President of the College. His gifts towards professional purposes exceeded £18,000, including £5000 to that most excellent and deserving charity, the Medical Benevolent Fund. Sir Phillip Crampton, a great Irish lithotomist, started early in the race for honour, having, while in the possession of only the qualification of "army assistant," been appointed surgeon to the Meath Hospital, an office he held for sixty years. He lectured on anatomy, physiology, pathology, and surgery. He was an ardent comparative anatomist, and in 1813 discovered in the eyes of birds the muscle which bears his name. By this perfect development of the ciliary muscle the lens is so adjusted that the pigeons and migratory birds find their way in the trackless air, and the rapacious birds sight their prey, whether close by or a mile below them. Crampton died in 1858, after an unexampled share of practice and of social rank. A monument was soon erected to his memory, bearing the following inscription from the pen of Lord Carlisle:—"This fountain has been placed here, a type of health and usefulness, by the friends and admirers of Sir Philip Crampton, Bart., Surgeon-General to Her Majesty's Forces. It but feebly represents the sparkle of his genial fancy, the depth of his calm sagacity, the clearness of his spotless honour, the flow of his boundless benevolence." As the very personification of a practical surgeon, and as one who, as president and secretary, served the College well, Cusack claims attention. Although a highly educated man, he wrote but little. His descriptions of the few cases he has published were, however, most vivid and faithful. As a student he had a strong repugnance, arising from anxiety and nervousness, to operations, and it is remarkable that he never wholly conquered the feeling. His great popularity as a teacher is shown by the fact that he entered seventy-eight apprentices on the books of the College—a number nearly thrice that entered by any other. Beginning without the small certainty which has so often idled and ruined young men, Cusack amassed a vast fortune by his profession. James Macartney, the famous Professor of Anatomy in Trinity College (1813 to 1838), is generally supposed to have been an Englishman, but Armagh had the honour of his birth. As the discoverer of the immediate union and the modelling process in wounds, the advocate of the cold-water dressing, and the author of the treatise on Inflammation, his fame will be enduring. Macartney gave important and curious evidence before the Parliamentary Committee on the Anatomy Bill, which supplemented the disclosure showing the urgent need of the Act which has so greatly aided anatomical science, and the consequent saving of life. To none of its Fellows should the College be more grateful than to Shekleton and Houston, curators, almost founders, of its museum. During his apprenticeship to Colles, Shekleton showed such skill and industry in dissection that he was urged to seek the curatorship. The exhibition of specimens being required, he produced among others the injection of the lymphatics of the lower extremity, which has excited the wonder of all anatomists who see it. To the museum and dissecting-room he wholly devoted himself, meanwhile recording such original observations as those on "dissecting aneurism." In 1824, a year before his cherished hope of a new building was realised, a dissecting wound terminated his valuable life when he was but twenty-nine years old. His example, and still more that of Bichât, who also died when twenty-nine, show how much zeal and industry will in a short time accomplish. The same fatality deprived the College of two other eminent officers, Richard Dease, Professor of Anatomy, in 1819, and Maurice Henry Collis in 1869. Among the mourners at Shekleton's funeral was his apprentice and fellow-labourer, John Houston, who soon after served the College as Demonstrator of Anatomy and curator.

After alluding in graceful terms to eminent Dublin surgeons of the present day, none of whom, he said, attained their position through nepotism, Dr. Mapother brought his address to a close by reminding his hearers how largely the leaders of the Irish College of Surgeons owed their positions to honour and industry, verifying the words of William Hunter:—"A young man cannot cultivate a more important truth than this, that, apart from future recompense, merit is sure of its reward in this world."

ABSTRACT OF TWO

# Lectures

ON

# FLEXIONS OF THE UTERUS AS A CAUSE OF DYSMENORRHŒA.

*Delivered at the Hospital for Women, Soho-square,*

By CHARLES E. SQUAREY, M.B., M.R.C.P.,

ASSISTANT-PHYSICIAN TO THE HOSPITAL.

DR. SQUAREY introduced the subject by noticing the extreme frequency of dysmenorrhœa, it being the most common cause of all the minor ills of women—minor only in that they are not dangerous to life; and he also referred to the, at present, unsatisfactory knowledge of its pathology. After shortly reviewing the anatomy of the parts concerned, their vascular supply, in which he pointed out the free anastomosis which exists between the uterine and ovarian arteries, and which, he explained, tends to ensure the *simultaneous* erection of these organs, so that the Fallopian tubes and ovaries might be joined together at the menstrual periods; and after noticing the distribution of the nerves to the uterus and ovaries, pointing out how not only at their terminations they mingled with each other and invaded, so to say, each other's territory, but also how intimately connected they were at their origin, and, from this intermingling, pointing out how symptoms arising from morbid conditions of either the uterus or the ovaries might be interpreted so as to agree with any preconceived ideas the medical attendant might hold,—he shortly noticed the physiology of menstruation; and then enumerated, as follows, the various conditions which give rise to dysmenorrhœa.

1st. All inflammatory conditions of either the uterus or the ovaries will give rise to this symptom.

2nd. That in the uterus, and perhaps in the Fallopian tubes as well (though of the latter very little is known), any conditions interfering with the patency of the canal, and so causing an obstruction to the flow of the menstrual discharge, will also cause this symptom.

The inflammatory conditions which may be the cause of dysmenorrhœa are:—Of the ovaries: acute and chronic ovaritis. Of the uterus, acute and chronic parenchymatous inflammation of the uterus and Fallopian tubes; acute and chronic catarrh of the uterine mucous membrane.

Under the second heading those conditions causing an obstruction to the flow of the discharge may be classed.

(*a*) All congenital strictures of the cervical canal situated either at the internal or external os, and associated or not with the condition known as "infantile uterus."

(*b*) An elongated condition of the vaginal part of the cervix, often associated with flexion of the canal about its middle—conical cervix.

(*c*) Flexions of the uterus causing constriction at the point of flexion.

(*d*) Fibroid growths in the uterine walls so situated as to compress or distort the cervical canal.

(*e*) Intra-uterine polypi, which may plug the orifice of the cervical canal.

And various other conditions; but these are the chief.

But besides the cases which may be included under either the inflammatory or the obstructive forms, there is a certain number in which the pain is extremely severe, and to which, from the impossibility of discovering any other cause, we apply the term "neuralgia." In these the disease is most likely constitutional rather than local.

This classification into inflammatory, obstructive, and neuralgic differs from that ordinarily given in text-books on Gynæcology. In these we find dysmenorrhœa divided into mechanical, congestive, and neuralgic; and no mention is made of the inflammatory conditions, which are not only far more important than the others, but are much more frequently the true cause of this symptom.

Under the inflammatory form is included the congestive; in fact, inflammatory is substituted for congestive, and for the following reason. In the congestive forms of dysmenorrhœa the congestion must be either active or passive. When passive, it is due always to some constitutional condition, such as general plethora, or to anæmia, and constipation, from the sluggishness of the circulation; or to diseases which obstruct the circulation, either generally, as in the various forms of disease of the heart or of the lungs, or only locally, such as in cirrhosis of the liver, and abdominal tumours which press in various ways upon the vena cava; and in these conditions dysmenorrhœa is not by any means the most important symptom complained of.

Those forms due to active congestion, and which are said to be brought on by exposure to cold, to mental disturbances, &c., are so closely allied to, if not the same as, the subacute inflammatory conditions which these same causes are known to produce, that they may be as well included under that head. Active congestion, simply, is always present at these times, and does not cause symptoms.

Membranous dysmenorrhœa, too, is undoubtedly due to an inflammatory condition either of the ovaries or of the uterus or of both. The membrane expelled in these cases is nothing more than the hypertrophied epithelial lining of the uterus, this hypertrophy being due to the increased and morbid activity accompanying inflammatory conditions. Many cases of so-called membranous dysmenorrhœa are, however, due to obstruction of the canal, the mass expelled being in many cases simply a blood-clot.

Having thus pointed out the wide field dysmenorrhœa embraced, and the impossibility of going through it all in two lectures, Dr. Squarey proposed to treat only of flexions of the uterus as a cause of dysmenorrhœa, and to elucidate as much as possible their pathology, their causes, symptoms, and treatment.

Flexions of the uterus give rise to dysmenorrhœa by causing a constriction of the canal at the flexed point. This is generally about the level of the internal os, at that part where the uterus is most securely fixed. The pain is caused by the dilatation of the uterine cavity by the pent-up fluid, and by the forcible contractions of the uterus which are set up by this fluid, and which are necessary to overcome the obstruction to its escape.

Flexions of the uterus vary, though, very considerably in the amount of constriction they produce. They may be so acute as to completely close the canal, or only so moderate as to make but a slight difference in its size. Thomas gives three degrees of flexion. In the first, the uterus is simply curved upon itself; in the second, a decided flexion exists; and in the third, the cervical and corporeal portions of the organ are in close proximity. Again, the flexed part may be immovable, or not; and this is a very important condition to determine; for the amount of pain depends a great deal upon whether the fundus is fixed or not.

Flexions of the uterus thus may vary much in their physical conditions, and consequently they do not all give rise to the same symptoms; and with regard to the symptom under discussion—dysmenorrhœa,—they certainly do not all give rise to it. This being the case, how are we to diagnose those that do from those that do not? Dysmenorrhœa, Dr. Squarey believes, is the only symptom that flexions, pure and simple, directly give rise to. Indirectly, by the irritation, and perhaps inflammation, that is set up by the dysmenorrhœa in other organs—as the ovaries, and the uterus itself,—various other symptoms are in time complained of.

Flexions, pure and simple, do not give rise to any symptoms, except when the flexion is so great as to block up more or less completely the uterine canal. Thomas gives the same opinion almost in the same words; and Scanzoni writes that flexions of the uterus do not acquire any importance, nor are followed by any serious dangers, save when they are complicated with an alteration in the texture of the organ.

How, then, are we to diagnose those flexions which are diseases in themselves, and which are therefore causing the dysmenorrhœa, from those which are simply symptoms of a general morbid state? To determine this, we must take into consideration the causes of flexions, predisposing and exciting, and the conditions of the flexed uterus. These are the most important; but help in the diagnosis may also be obtained by the character of the pains, their situation, &c., and the general condition of the patient.

The causes of flexions generally Dr. Squarey abstracted

from a lecture given by Dr. Graily Hewitt at University College some little time since, and which was reported in THE LANCET; and as he was a most implicit believer in the pathological importance of flexions, we could not, he said, go to a better authority. In his words, then, "one of the most important of the predisposing causes is 'an unhealthy state of the body generally,' another is 'a previous pregnancy.' In the first, the tissues of the body, imperfectly or badly nourished, are relaxed and wanting in tonicity. The circulation in the blood-vessels is retarded, under these circumstances, it is sluggish and imperfect, and the tissue-changes take place with greater slowness than under ordinary circumstances and in a state of health. The effect of this state of things upon the uterus is most marked; it increases in size, its circulation becomes slow, and, as a necessary mechanical result of this, flowing from the considerations which I have just laid before you, there occurs a diminution in the rigidity of the uterus, which is one of the most important agents in preserving the uterus intact. In other words, the uterus becomes pliable to an unusual degree. This is a state of things which constitutes a strong predisposition to a change of shape in the uterus. The other predisposing cause I have alluded to is pregnancy. After labour, involution in untoward circumstances goes on in a very inactive manner, leaving the uterus larger for some considerable time than it should be, and also of necessity more pliable. This increased size affects not so much the cervix as the body of the uterus, which, as already stated, is from its want of connexion more predisposed to a change of position."

Now the truth of these statements, as regards the effect of these causes on the uterus, cannot be controverted; but the uterus is not the only organ affected under these conditions. All the pelvic organs get into a relaxed, atonic condition; the ligaments of the uterus and the vagina are especially relaxed, and this favours prolapse of the uterus, which most strongly predisposes to retroflexion. The muscular coats of the bowel lose tone, constipation results, and with it congestion of the hæmorrhoidal vessels, &c.

Again, with regard to pregnancy, the increased size and weight of the subinvoluted uterus, existing as it does with loss of tone of the vagina and of the uterine ligaments, tends to cause a certain amount of prolapsus.

With regard to exciting causes, Graily Hewitt says: "It may simply be an exaggeration of the predisposing ones. Pregnancy in a feeble woman is sufficient to give rise to flexion. Again, strains or falls, remaining in constrained positions for a considerable time during the day, will cause flexion &c."

But let us divide these exciting causes into those producing flexions suddenly—"traumatic flexions"—and those causing them gradually.

Those producing them suddenly are accidents of any kind causing a severe jolt to the body; strains or sudden muscular efforts, more especially those bringing into violent action the abdominal muscles. The violent straining sometimes necessary to relieve the bowels may be a sufficient cause. All the above-mentioned may produce flexions in people in good health; therefore they are much more liable to do so in those who are predisposed, as described above, to those accidents.

The exciting causes bringing on flexions gradually are—constrained positions maintained for a long time, such as in needle-work and sewing-machine work; or positions not constrained, as standing all day long, day after day; or any kind of work having a tendency to cause pressure downwards into the pelvis; continued constipation, &c. But for these to have any effect it is necessary that the patient should be predisposed to them by either one of the causes enumerated above.

This division between the acute and the chronic cases, so to speak, is made because the pathology of the conditions produced is essentially different. In the latter cases the uterus is gradually pressed, or, one might say, falls into a flexed or verted condition, on account of the loss of tone of the whole of its tissue rendering it too weak to uphold the fundus uteri, increased, as said above, in its size, consistence, and weight. Once pushed over, once flexed, it is unable to recover itself, and remains in its abnormal position mechanically. There is no necessity to ascribe its position to pressure from above; its increased weight and the atony of its tissue are sufficient.

In those brought on suddenly the maintenance of the flexion is due to some injury or bruising of the uterine tissue itself at the point of flexion, accompanied with some slight extravasation of blood; thus the elasticity of the uterine wall is destroyed, and consequently its power of righting itself. (See paper read at the Obstetrical Society, December, 1872.)

The explanation as to why these causes sometimes produce anteflexion, at others retroflexion, is to be found in the fact that the uterus under different circumstances occupies a very different position in the pelvis. It rises and falls in the pelvis—that is, it is higher when lying down than when standing up, lower after great exertion than after rest; and as it so rises and falls its axis alters, it always being at right angles to the plane of the pelvis in which the uterus is situated. And, following this out, it is found that when the uterus is high up, in its normal position, the axis is forwards; when low down, backwards; and thus any force from above applied to the uterus when high up will impinge on the *posterior* and upper surface of the fundus and cause anteflexion, and when low down will impinge on the *anterior* and upper surface of the fundus and cause retroflexion.

All the predisposing causes of flexions tend to produce enlargement of the uterus and relaxation of its supports, and thus allow it to sink in the pelvis; and this sinking in the pelvis, with its consequent alteration in the direction of the uterine axis, is the reason why retroflexions are so much more common in these cases than anteflexions. (See paper read at the Obstetrical Society, December, 1872.)

*(To be concluded.)*

## FATAL EPIDEMIC (TYPHOID?) DISEASE AMONG FISH, WHOSE BLOOD DURING LIFE CONTAINED BACTERIA.

By JOHN W. OGLE, M.D.

I AM not aware that the following facts, with which I recently became acquainted during a short visit to the Lake of Geneva, have been made generally known to pathologists in England. They are themselves of much interest, and will be allowed to have a bearing on questions of scientific importance, and may well be considered in conjunction with the observations of several who have met with and described organic filaments, vibrios, and spore-like bodies in the blood in certain diseases. They were communicated by Dr. F. A. Forel, of Lausanne, to the Société Vaudoise des Sciences Naturelles,* and by that gentleman, conjointly with Dr. G. Du Plessis, to the Société Médicale de la Suisse Romande.

It appears that during several months of the years 1866 and 1867 a violent epidemic prevailed among the perches in the Lake of Geneva, and affected all sizes and ages. The other fish of the lake, of which I believe there are no less than twenty-one varieties, were unaffected. The numbers which perished were enormous, and by putrefaction threatened to poison the neighbourhood. On one day alone 600 fish were counted on the edge of the lake in a distance of 186 paces. They had frequently to be removed, and in the course of a few months millions probably perished. Their mortality appeared to be unaffected by any atmospheric changes. Before death they were found floating on the water, lying on their sides, making neither much movement nor deep inspirations. When disturbed, they attempted feebly to descend into the water, and then returned to the surface and remained as before. Their colour was still brilliant. Professor Chavannes, the well-known writer on the diseases of the silkworm, and a celebrated piscicultor, was of opinion that the disease proved fatal in about ten days. Many of the fish had white spots covered by a moss-like material on the skin, but Dr. Forel established that this affection was not the cause of mortality, neither was it owing to the refuse of gas factories, to which some of the inhabitants attributed it.

At first, owing to the frequency with which cysts in the

* See Bulletin de la Soc., vol. ix., No. 58, 1868.

liver containing the "Triænophorus nodulosus" (one of the Bothriocephali) were found, he ascribed the epidemic to their presence; but more exact inquiry and autopsies showed that the blood in the diseased fish had undergone great alteration; and as the symptoms in the dying fish correspond better to a general than a local disease, he concluded to attribute the disease to altered blood. This alteration was characterised, first, by the presence in the serum of the blood of the fish, *even when living*, of vibrios and bacteria (bactéridies); secondly, after death, by the more or less rapid *disappearance* of these bacteria, and by the crystallisation of the colouring substance of the blood-corpuscles in the interior of the cell-membrane, evidently of hæmatin.* The bacteria, small rod-like bodies, spindle-shaped, straight and cylindrical, sometimes articulated at their extremities, often joined two and two together, presented slight movements of oscillation and progression. They were, in number, as about one to six or eight blood-corpuscles. The vibrios, much smaller corpuscles, spherical or kidney-shaped, were endowed with a vibratory movement. After referring to the bacteria and vibrios found in a gangrenous part which putrefies before separation from the body, and to those found in malignant pustule, the author considers those found in the blood of the perch as analogous to those found in the blood during life in the disease of ruminants known as "sang de rate," and which exist in such large numbers that they cause the death of the animal, and disappear shortly after death. The author concluded that the disease was one of septicæmia, characterised by symptoms of adynamia.

Subsequently, in 1868, the epidemic was again studied by Forel and Du Plessis, as before alluded to, the latter observer having found the same epizootic in a small stream tributary to the Lake of Geneva. The observations above detailed were confirmed, the symptomatology more closely studied, and experiments on inoculation conducted. In the earlier stages the fish were noticed as being less active and alert than natural, less inclined to swim away from the hand, and as resting in numbers among the grass. They then became more somnolent, allowing themselves to be lifted out of the water, but showing a convulsive movement. At this period they suffered from a bilious yellow diarrhœa, replacing ordinary excrement. A bilious infiltration of the muscles of the abdomen was occasionally noticed, and a well-marked bloody injection on the anterior part of the body and of the head, especially evident around the brain, about the lips, at the base of the pectoral and ventral fins, and on the membrane of the iris. There was also noticed a melting of the eye, even in some cases to an emptying of the orbit; also irregular whitish spots of the skin, and consecutive ulcerations, affecting different parts (a true local gangrene), which were sometimes complicated by engorgement and swelling of the base of the fins, erosion of the fins, and lastly, invasion of all the tail by a patch of torulæ. These spots, however, were not proper to the disease, as it was met with in the perch when no epidemic existed. All the above symptoms were not constant in each case, but all the fish died in a state of profound coma.

As regards the pathological anatomy of the diseased fish, which were examined as much as possible *before* death (and if the heart did not any longer beat, or did not contract when pricked or when touched by acid, the fish was not used for observation), the brain was found to be natural, but its membranes were very often congested. The muscles were in general healthy, but beneath the white spots of skin they were less firm and strong, though the transverse striæ were yet discernible; and bacteria, like those in the blood, were found among the primitive fibres. The intestines were distended by a transparent fluid containing myriads of bacteria—a condition corresponding with the diarrhœa which existed during life. There was great softening of the intestinal mucous membrane. The spleen, liver, and heart were natural. The blood in the heart was liquid and diffluent, having no coagulum, as is the case in cholera, typhus, &c., and this accounts, as the author thought, for the hæmorrhages during life. Under the microscope the blood was found, as in the researches carried on in 1867, to contain bacteria and vibrios; and, in order that it should be quite fresh and pure, and still living, the greatest care was taken to procure precise and exact observations in a manner minutely described. The blood corpuscles were also found to present different changes, probably in proportion to the severity of the disease. At one time, side by side with normal blood-globules, existed numbers of small immovable bodies refracting light, at times obviously surrounded by a delicate cellular membrane, which were, in fact, altered nuclei of blood-corpuscles. At a later stage, in addition to the vibrios and bacteria and the above nuclei, there were also deformed blood-corpuscles, the *débris* of cells,—a real detritus, the blood being in a state of complete disorganisation. All these changes were noticed in the yet living as well as in the dead fish. In some instances the blood-cell of the living fish contained hæmatine crystals.

The authors were charged by the authorities of the canton of Vaud to study the disease, and report as to the dangers of contagion to other kinds of fish, or of infection to man owing to the stay of the dead fish in the water; and accordingly they instituted a number of experiments, of which the details are given, made both upon warm-blooded animals and batrachia, from which they concluded that this typhus of the perch was *not* communicable to either of these classes. They also established by experiments, which need not be detailed now, that it was not contagious by intestinal absorption, not being injurious to those who ate the fish nor to animals which drank water containing their blood or their dead bodies. These experiments were quite reconcilable with the fact that accidents to inhabitants, who drank of the lake water, from eating diseased fish had never been heard of (possibly this might have been owing to the cooking). They also gave numbers of fragments of fish, dry and fresh, to other fish in the lake, which ate them, but did not suffer; and they proved that frogs did not suffer cutaneous inoculation from immersion in water in which the fish had been macerated. Certain healthy perches also remained free from infection when kept in vases along with diseased ones.

In connexion with this epizootic the authors make mention of a similar one among several hundred frogs, observed in Bezold's laboratory at Würzburgh in 1866, the frogs becoming sometimes adynamic, sometimes tetanic, chemical analyses leading to no explanation of the disease. Recklinghausen had cited a similar epizootic which he had observed at Berlin, and Eburth at Zurich had seen another. The authors observed an analogy between these attacks and those of the perch.

Finally, the authors conclude that they must recognise in this epizootic among perch a zymotic affection, a morbid septic fermentation resulting from the action of a living virus (the bacteria) found in the living blood; they class it among the typhoid or putrid affections, and in so doing they review the existing theories regarding the living organised ferment, and cite the diseases of men and animals in which, up to the present, the existence of ferments and bacteria has been shown, as in malignant pustule and carbuncle, "sang de rate" (Virchow, Davaine, Brauell); typhoid fever of man (Tigri); the typhoid of cattle and horses (Mègnin); the ileo-typhus of dogs; some cases of scarlet fever and small-pox (Poulet); in the breath of patients with whooping-cough (Poulet); in bronchio-pneumonia of the sheep; in certain diseases of the silkworm, as described by Chavannes. In reference to these are quoted the recent researches of Klob, Hallier, and others on the parasitic algæ which play a part in cholera and paludal fevers; also the works of Hannon, Van der Corput, and Salisbury on the microphytes of paludal miasmata.

The authors class the disease of perch with typhoid rather than the carbuncular diseases, as it is less contagious and inoculable and more characterised by adynamia and diarrhœa, gangrene and local decomposition, and by fluidity and deficient plasticity of the blood. They regard it as being caused by the fermentation of blood resulting from the presence of bacteria, which gain access to the blood possibly through the intestinal canal.

Cavendish-square.

* Hæmatin was described in 1840, by Kölliker, as existing in the blood of the river-perch and of the splenic vein of the dog.

PRESENTATION.—Dr. Fitzgerald, of Folkestone, has recently been presented by his patients with a handsome testimonial, which, in deference to his known musical tastes, consisted of one of Collard and Collard's grand pianos, accompanied by an illuminated address containing the names of the subscribers.

## PRACTICAL NOTES ON CUTANEOUS SUBJECTS.

By TILBURY FOX, M.D. Lond., F.R.C.P.,
PHYSICIAN TO THE DEPARTMENT FOR SKIN DISEASES IN UNIVERSITY COLLEGE HOSPITAL.

### I.—ALLEGED VACCINAL SYPHILIS.

I HAVE no hesitation in announcing myself a firm believer in the occurrence of true vaccinal syphilis. I have satisfied myself clinically that it does occur. At the same time I am quite sure that very many cases to which this designation is applied are in reality only instances of latent hereditary syphilis excited by the vaccination, and in which the vaccination cannot in any way be fairly blamed for the occurrence of the syphilis. The cases which simulate true vaccinal syphilis are, however, often very successful counterfeits; and a difficulty in disproving that the vaccination itself conveys the syphilitic poison to the attacked arises oftentimes from the inability to get at any history of syphilis in the parent or parents. The latter naturally try to shift upon vaccination the blame which they should bear themselves. The following case illustrates some of these points in a very admirable manner. It counterfeited vaccinal syphilis; but careful inquiry elicited the fact that the child had no doubt been fully syphilised before it had been vaccinated, and that the vaccination only *excited* the outbreak of the eruption. The father blamed the vaccination, conveniently as it turned out; for no doubt he had infected his wife just after marriage with syphilis. The case is as follows:—

Dr. —— brought me a little child, aged one year and two months, with the statement that it had a rash all over it; and that the friends persisted in attributing it to vaccination. The child was vaccinated at three months and a half old, the rash appeared subsequently at the seat of the vaccination in the first instance, and gradually spread over the body. The rash, suffice it to say, was both papular and tubercular, and consisted of little neoplastic formations of various sizes, some tending to ulcerate and to crust. The child was delicate when I saw it; but it is said to have been well until three months old, when it "had a bad cold, and got out of sorts."

The mother accompanied the child, and on inquiry I learnt that this child is the only one she has living; that she has been married five years; that she had a miscarriage when three months gone in the family-way; that an exactly similar mishap was repeated after a while; that then she was prematurely delivered of a still-born child at the seventh month; that this was followed by another miscarriage at three months; and that subsequently the present child was born. But, further, two months after her marriage she suffered from sores just inside the labia, and was treated for these for some time by caustic, &c. Recently she has lost all her hair, has suffered from violent headaches and deep-seated pains in the bones, the throat has been very sore, and her voice has been altered.

*Remarks.*—At first sight the case might readily have been regarded as one of vaccinal syphilis; but then there was this consideration to be attended to, that the vaccine vesicles healed up in the usual way, and did not themselves become chancrous or abnormally indurated, nor did they ulcerate. The syphilitic rash was at once excited around the inflamed part, and did not behave, *quoad* development, like a secondary rash. But when the history of the mother was inquired into, all doubt as to the source of the syphilisation of the child was at an end. The syphilitic poison had been introduced into the mother's system just after marriage, and the child, as it seemed, exhibited its operation upon him just before the date of vaccination—viz., when the child was three months old, in the commencement of cachexia and in the presence of "snuffles." The pyrexia attending the vaccinia favoured the development of the latent syphilis. The case is of considerable interest in relation to the question of vaccinal syphilis, and is one that might readily be mistaken for the latter by a careless observer. Happily in this case the source of the syphilis was more than usually plainly indicated.

## A CASE OF ANOSMIA FOLLOWING A BLOW.

By J. WICKHAM LEGG, M.D.,
CASUALTY PHYSICIAN TO ST. BARTHOLOMEW'S HOSPITAL.

I WISH to place on record the following case of anosmia following a blow on the head.

William B——, aged thirty-six years, came to St. Bartholomew's Hospital on Oct. 26th, 1870, complaining of changes in, and partial loss of, the senses of smell and taste. He says that on April 27th, 1870, he was driving in a cart at Thetford. The horse began to kick. He attempted to get out at the back of the cart, and in doing so he fell on his head. The man points to the right posterior parietal region as the seat of injury. He says he was insensible for half an hour, that blood flowed from the *left* ear, but that he returned to London on the day of the accident. He did not go to work again until July 27th; during this time of illness he says he noticed no diminution in the sense of taste or of smell; and on being questioned about this another time, he repeated that he felt no diminution in his powers of smell or taste until he began to work again in July. He says that everything he takes has the flavour of gas or paraffin. Meat is particularly disagreeable to him; fish and rice are less so. Bread he does not taste at all; "might as well eat a piece of wood." But he says he can easily tell between sweet and bitter. The man is a sergeant in the police force. He has been married the last five years.

Nov. 2nd.—Tested to-day by placing a little powdered sugar upon the tongue, he says it is sweet; quinine, that it is bitter. Given a piece of cinnamon to chew, he does not recognise what it is, but says it is sweetish. Sulphate of magnesia is first salt, then bitter, to taste. Buchu has no smell, but tastes bitter. On assafœtida being held under his nose, he says it is a bad smell. He says oil of peppermint resembles the medicine he is taking; a mixture containing spearmint had been prescribed. He perceives no smell with oil of cloves, creasote, and some other essential oils.

The man remained under observation nearly two months. I told him at first that I did not think he would be cured. No improvement did take place, and he ceased to attend.

Cases of anosmia from blows are comparatively rare. The loss of smell itself has attracted little attention from pathologists. It is a sense which in man is one of the least important. The loss of it barely amounts to a discomfort. It is not, therefore, surprising that cases of anosmia should be little studied and seldom published. It will be noticed that in the foregoing case the sense of smell was perverted, not altogether lost. With strong smells like assafœtida the man received some impression, and also with peppermint, although other essential oils were to him without smell. The impression caused by some kinds of food gave a sense of perverted flavour, and not altogether an absence of taste.

Dr. William Ogle, in his paper on Anosmia (Med.-Chir. Trans., vol. liii., 1870, p. 264) seems to suggest that in cases of traumatic anosmia the blow has generally fallen upon the occiput. The single case now published also favours this view. But since Dr. Ogle's paper was read, several important observations on anosmia have appeared. Notta (Arch. Gén. de Méd., 1870, Avr., p. 385) reports six cases of traumatic anosmia. Of these six the place where the injury was received is mentioned in four. In two it was the crown of the head which was struck; in the other two the right ear. Mollière (*Lyon Méd.*, 1871, p. 385) brings forward two cases. Both were women. One was syphilitic, and, after a blow on the back of the head, began to suffer impairment of sight, vertigo, and complete loss of smell. Mollière's other case was a girl of twenty-one. The forehead was the part here struck. So now there are on record of anosmia following blows on the occiput six cases: three of Dr. Wm. Ogle's, one of Dr. Hughlings Jackson's (Lond. Hosp. Rep., vol. i., p. 470), one of Mollière's, which is, however, made doubtful by the presence of syphilis, and the case now published.

Of anosmia caused by blows on other parts of the head there are five cases recorded: four of Notta's, and one

of Mollière's. One of Notta's cases is remarkable. Smell is said to have been completely lost; the man was unable to distinguish between ether and chloroform, acetic acid and ammonia; yet the sense of taste remained unimpaired. The patient could appreciate the different flavours of wines and meats, and of vanille and orange-flower water. If, however, the patient held his nose, he could taste only salt, sweets, and bitters. I may remark that this latter symptom is not at all peculiar, as Notta seems to believe. In most persons the perception of flavours is greatly impaired, if not altogether lost, when the nose is held. A familiar example of this is seen when physic is given to a little child: the mother holds the nose while the dose is swallowed. It is difficult to explain this case on the generally received doctrine that smell is essential to the perception of flavours. It may be that the nerves of the fore part of the nose had lost their power, while those nearer to the fauces had kept it.

The pathology of traumatic anosmia is unknown. I am not acquainted with the records of any case in which an examination has been made after death. It has been thought that the filaments of the olfactory nerve which pass through the ethmoid bone are torn across by the force of the blow. I have been informed by my friend Dr. Ferrier that he has, during his researches into the functions of various parts of the brain, formed the opinion that the sense of smell is placed in the lower temporo-sphenoidal convolution. It will be noted that in many cases there were signs of injury to the skull in this part: a flow from the ear of blood or of serous fluid, or signs of palsy of the seventh nerve. In two cases the ear was the part on which the blow was received. If the skull were fractured, it is possible that the brain in its neighbourhood might also be injured, and thus the tip of the temporo-sphenoidal lobe be involved, and the sense of smell abolished or perverted.

The prognosis of these cases is doubtless very bad; yet in three of Notta's cases recovery took place after three, four, or six months' duration. They are, as far as I know, the only cases on record of such recovery. In my own case, when the man left off attending the hospital he was in exactly the same state as when he first came.

In the treatment of these cases there is little to be done. Notta used veratrine and strong snuffs without perceiving the least advantage. In my opinion it would be better altogether to avoid any local interference, and attend chiefly to the general condition of the patient. But, in any case, little can be expected from the medical art.

Green-street, Park-lane.

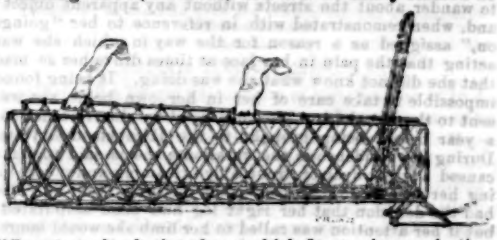
## AN IRON-WIRE FOLDING FRACTURE BOX.

By G. W. McNALTY, M.D., F.R.C.S.I.,
SURGEON, ARMY MEDICAL DEPARTMENT.

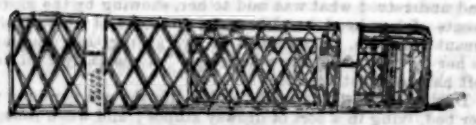
HAVING experienced great difficulty in the Franco-German war in dressing gunshot wounds of the leg without disturbing the wounded extremity, particularly in cases of compound fracture accompanied with considerable discharge, I have been led to devise an apparatus which I trust will prove of service.

The apparatus, which may be termed an iron-wire folding fracture box, is made of galvanised iron to prevent rusting, and consists essentially of a back piece, sides, and foot-rest.

The back piece is 22 in. long, 5½ in. broad at the upper, and 4½ in. broad at the lower end, and has an oval-shaped opening to accommodate the tendo Achillis and heel. The sides are not so broad but are of the same length as the back piece; they are joined to the latter by two hinges on each side, and are kept applied to the limb by webbing buckled on the thick wire at the upper edges. The foot-rest is 10 in. long and 3½ in. broad, and can be firmly secured at



different angles by iron loops which fix on wires projecting from two small wings, thus preventing any movement either backwards or forwards. At the end of the back piece is a wire support, to raise the foot so as to prevent pressure on the heel. When not required it can be turned up, and fits into the space between the two wings.



The advantages are these:—Bandages, with the exception of the one for the foot, are rendered unnecessary. The wound can be dressed by letting down the sides unless it be confined to the back of the limb, and in most cases can be seen without disturbing the apparatus. The foot-rest remains fixed when the sides are let down; this is a most important point, as it is well known that one of the greatest difficulties in the treatment of fractured leg is to prevent either inversion or eversion of the foot. The sides and foot-rest are sufficiently high to keep off the pressure of the bedclothes. The apparatus is convenient when it is necessary to move the patient; it is also simple in construction, durable, moderate in price, light, cool, easily kept clean, equally applicable to the right and left extremity, and allows the leg to be placed on the side. All the component parts being fastened together, it will always be found complete.

The object I have specially kept in view is to make it suitable for military practice, or on occasions in civil life where a large number of persons may be injured at the same time, as in colliery accidents, &c. It is therefore constructed to pack into the smallest possible compass, the sides folding behind the back piece, the wings on one another, and the foot-rest lying flat when unfastened. The weight without pads is 2 lb. 8 oz. Messrs. Weiss and Sons are the makers.

## TUMOURS, ATTACHED TO DURA MATER, PRESSING ON THE SUPERFICIAL BRAIN-SUBSTANCE; PARALYSIS.

By W. G. BALFOUR, L.R.C.S.E., &c.,
MEDICAL SUPERINTENDENT OF THE HAMPSTEAD ASYLUM.

CASE 1.—J. A——, a female aged seventy-one, admitted May 19th, 1873, is stated to have been in good health till ten years ago, when she was seized with great pain in the left cheek and jaw-bone. She attributed her suffering to having some months previously slept in a damp bed. She had been treated for the pain of which she complained by many different medical men, and in various hospitals in London, with no benefit. At the end of five years from the first commencement of the pain her mind was observed to be impaired and her manner altered. She took clothing from her house, selling it without any reason, and required constant looking after in consequence of her destructive propensities. Was at times deaf, the pain in her face being constant, although irregular in severity. During the last

eighteen months her mental symptoms became more aggravated. She circulated false reports amongst her neighbours that her son was starving and otherwise ill-treating her; destroyed furniture and bedclothing; left her home at night to wander about the streets without any apparent object; and, when remonstrated with in reference to her "goings on," assigned as a reason for the way in which she was acting that the pain in her face at times drove her so mad that she did not know what she was doing. It being found impossible to take care of her in her own home, she was sent to the Kensington Workhouse, where she remained for a year before being brought to the Hampstead Asylum. During her residence in the workhouse she is said to have caused a great deal of trouble by screaming and not keeping her bed at night, destroying clothing, &c. She also had the delusion that her right leg had been amputated; but if her attention was called to her limb she would laugh, and say it was only fancy on her part about her leg having been cut off.

On admission to the asylum, her health was feeble, she was unable to walk, had complete paralysis of the right side and partial paralysis of the left, could not feed herself, and swallowed with difficulty. Mentally, she was conscious, and understood what was said to her, showing by the movements of her head her likes and dislikes and whether she meant yes or no. She replied to everything that was said to her by "Oh, what are you doing?" Constantly kept her left hand against her face.

During the last five weeks of her life she was confined to her bed, lying in a sort of drowsy stupor; and when roused to be fed frequently went to sleep during the time food was being given to her. The difficulty in swallowing observed on her admission increased. Her urine and fæces were voided involuntarily. For a fortnight before her death she often suffered from what appeared to be apoplectiform attacks, lying for a whole day at a time in a comatose condition. When these attacks passed off she would take nourishment and appeared perfectly conscious. During one of her conscious intervals she recognised her son, saying, "It's my William." Half an hour before she died, when her name was called by the nurse, she opened her eyes, looked up, and seemed to understand that she had been spoken to.

Died comatose at 8.30 P.M. on the 18th of July, 1873.

*Autopsy, twenty-four hours after death.*—Temperature 65°. Bodily condition spare; slight green discoloration of abdominal integuments. Rigor mortis general and feeble. Measurements of head: 1st, antero-posterior, 7 in.; 2nd, temporal, 5¼ in.; 3rd, frontal, 4 in. Calvaria thin, having the dura mater firmly attached to its inner surface, and requiring considerable force for its removal. On its being detached, the membranes covering the ascending and middle frontal gyri came away with it, leaving the grey matter exposed at this part. Attached to the inner surface of the calvaria by means of the dura mater was an osseous tumour, round in shape, an inch and a half long by three-quarters of an inch in circumference, resting in a sort of pit between the ascending and middle parietal convolutions. On removing the brain, upwards of twenty distinct tumours attached to, and arising from, the dura mater, were observed. The tumours varied in size from a pea to a walnut, some of them being distinctly osseous, and the rest fibroid. They pressed on the brain-substance, and lay in hollows between the convolutions in the neighbourhood of the superior and middle frontal gyri, on the outer part of the postero-parietal lobule, the second annectant, the inferior temporo-sphenoidal, and the inferior occipital gyri. There was no apparent destruction of brain-tissue, and the brain-substance itself was apparently normal. The weight of the encephalon was 36 oz. With the exception of adhesion of the left lung to the pleura, and a large deposit of cheesy-looking matter on its surface (the deposits were in masses varying in size from a pin's-head to a pea), nothing else abnormal was observed.

*Remarks.*—The pain in the face suffered by this woman was probably due to pressure of one or more of the tumours on the nerves of the face. The tumours may have originally been of a tubercular character, or of the same nature as the cheesy-looking deposit on the pleura, although when examined they were of two kinds—fibrous and osseous. They originated from the membrane, and the length of time they were in forming probably dates back to the first symptoms of pain (ten years ago) complained of by the woman; they gave rise to intense suffering, to paralysis, to aphasia, and to mental symptoms. The pain and paralysis were constant, and the mental symptoms were irregular. The small brain-weight is to be accounted for by shrinking of the brain-substance, in consequence of the increased development of the tumours, which by their irregular pressure may have caused the comatose condition in which she frequently lay before she died.

*(To be concluded.)*

## A CASE OF SIMULTANEOUS FRACTURE OF THE PATELLÆ.

BY RICHARD JOHNSTON, M.R.C.P., L.R.C.S.I., &c.,
RESIDENT SURGEON TO THE WEST BROMWICH HOSPITAL.

AN interesting case of this somewhat rare form of accident has just come under my observation.

M. G. A——, aged thirty-three, housekeeper, was admitted into hospital on August 7th, under the care of Mr. Sutcliffe, suffering from the above. She states that as she was leaving the room with some plates, her foot caught in a mat which was at the door. In the act of falling forward she distinctly heard a crack, and felt something give way, and on trying to get up she found herself unable to do so.

On admission both knees were much swollen, and at first sight the case looked like one of double synovitis, but on passing the hand along the anterior surface of the limbs the fragments could be felt, separated by about three-quarters of an inch, the fracture being still more marked upon flexion, the lower portion of the upper fragments being tilted upwards. From the swollen state of the parts it was not deemed advisable to place the limbs in any apparatus. Warm fomentations were accordingly ordered, and, as the patient complained of great pain, a hypodermic injection of morphia was administered.

Aug. 8th.—The patient has slept well; not much pain; great ecchymosis. Continue fomentations.

9th.—No pain; the swelling subsiding.

10th.—9.30 A.M.: The swelling having subsided to a great extent, I determined to put up the limbs. The right, in which the displacement was greatest, was put up after the method devised by Dr. Sambourne, of Lowell, U.S.A. (*vide* Hamilton on Fractures, p. 433); the left after the method known as Sir Astley Cooper's.—9 P.M.: The patient complains of great pain in the left limb; the right comfortable. Ordered sedative solution of opium, twenty-five minims; spirit of chloroform, ten minims; water, an ounce and a half.

11th.—Slept well; no pain in right, slight pain in left limb.

25th.—The bandage on the right limb having become somewhat loose, it was reapplied.

From this date up to Sept. 28th nothing was done but to tighten the plaster by twisting, on which date the bandages &c. were removed; and, on examination, it was found that in the right bone union had taken place, while in the left there was a space of about a quarter of an inch filled up by ligamentous tissue. As might be expected, the patient was unable to bend the limbs, and she was ordered knee-caps.

Oct. 4th.—The patient is gradually gaining the power of flexion; knee-caps applied.

6th.—Patient made an attempt to walk, and was able to do so with assistance.

20th.—Discharged.

*Remarks.*—This case presents a good example of fracture the result of muscular action. It is questionable whether transverse fracture of the patella is ever due to direct violence, although Hamilton quotes a case which he states to have been caused by the latter. It also presents a fair field for the comparison of the two modes of treatment.

THE mortality in London last week rose to 26 per 1000 per annum. Of the 1653 deaths registered, 103 were due to measles, 41 to whooping-cough, and 42 to different forms of fever.

# A Mirror of HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## MIDDLESEX HOSPITAL.

### CASES OF HERNIA.

(Under the care of Mr. HULKE.)

THE following cases are concluded from page 593. Two of them consisted of irreducible omental hernia, with the occasional presence of intestine in the sac. The treatment of omental irreducible hernia is of great interest to the surgeon; but hitherto no trustworthy measures, short of operation, have been proposed, except, perhaps, a plan which has certainly been attended with some success, and which was first proposed by Mr. Bransby Cooper—namely, that of starving the omental mass, and endeavouring to diminish its size sufficiently for reduction by rest, low diet, and the internal administration of mercury or iodide of potassium.

*Strangulated femoral rupture in a male; herniotomy; recovery.*—A stout, tall warehouseman, aged fifty-two, was admitted into Clayton ward at 10 P.M. on March 25th, 1872, having in the right groin, below Poupart's ligament, a tense, globular, hernial tumour, of the size of a hen's egg; violent colic-like pain in the belly, and frequent retchings. These symptoms had begun at 2 P.M. During the preceding winter he had had dropsy, and on recovering from this he first noticed the rupture.

At 12 P.M. he was placed under chloroform, and the taxis tried for a few minutes. This failing, herniotomy was done. The contents of the sac were returned without opening this, after notching Gimbernat's ligament and some tight thread-like fibres of the deep crural arch. The bowels acted freely next day. By the 4th April cicatrisation was nearly completed.

*Very large oblique labial hernia.*—A nurse aged fifty-seven, who came from a private family in Kent, on the 5th July, 1872, to learn if anything could be done to prevent the further increase of a hernia which measured eight inches in length and fifteen inches in girth. It occupied the left inguinal canal, and distended the left labium so largely as to wholly hide the genital fissure, and to closely simulate in its external appearance a very large scrotal hernia quite burying the penis. By gentle manipulation the greater portion of its contents could be returned into the belly, but large granular masses of omentum remained irreducible. The abdominal aperture easily admitted two fingers. The principal discomforts occasioned by this huge swelling were a dragging, aching pain in the loins, and frequent colics. These symptoms were greatly relieved by a bag. The aperture was so large that no truss was effective.

*Strangulated femoral hernia; herniotomy; recovery.*—A petite brunette, aged twenty-two, was admitted into Bird ward on the 2nd of February, 1873, at 10.30 P.M. In her left groin below Poupart's ligament was a very tense, elastic knot of the size of a claw-nut, dipping at its inner side into the femoral canal, very painful and tender. She retched frequently, had a quick small pulse, a hot skin, a very anxious expression, and was restlessly writhing with pain in the belly. She related that for a few weeks she had been aware of the existence of a small swelling in this groin; but it had not particularly troubled her, and she had not attached any importance to it. In the evening, after drinking two glasses of cold water and going from a warm room out of doors into a cold yard, she was suddenly seized with violent pain in the belly. A medical practitioner recognised the presence of the rupture, and, failing to reduce it by taxis, sent her to the hospital.

At 1 A.M. she was seen by Mr. Hulke, who, finding the symptoms very urgent, had her placed under the influence of chloroform, and, the taxis again failing when complete relaxation had been procured by the anæsthetic, operated. The crural ring was very small, and the constriction extremely tight. The contents—a small loop of mulberry-coloured gut—could not be reduced until the sac had been opened and its neck divided. The operation was done with antiseptic precautions, and the wound dressed antiseptically. After anæsthesia had passed off, twenty drops of tincture of opium, in an ounce of starch mucilage, were thrown into the rectum. She slept from 2.30 till 7 A.M.; and after this vomited twice slightly, but not again, and remained free from all uneasiness. The wound healed in great part by first intention, and her recovery was rapid.

*Incarcerated omental hernia with hydrocele of sac.*—A short, big-bellied man, sixty-nine years old, was admitted into Pepys ward Dec. 19th, 1872. The left side of his scrotum was distended by an elastic, fluctuating swelling, dull when percussed, rather tender, reaching from the groin downwards to the testis, which could be plainly felt below it, and was not implicated by it. Its contents were plainly in greatest part fluid, but some firmer portions felt granular and pellety, like indurated omentum. The swelling did not receive any impulse from the belly when he coughed, and it was wholly irreducible by pressure. His bowels were not constipated, and the general symptoms of strangulation were absent. He said that five years previously, after wheeling heavy barrows of sand, he became aware of a small tender swelling in the left groin. This never disappeared, but it did not give him much inconvenience, unless after unusually laborious work, until five weeks before he applied at the hospital, when, during a fit of coughing, he felt as if something gave way inside him, and directly afterwards he found his groin and scrotum swollen.

Under the topical application of ice, and later of a lotion of muriate of ammonia, the swelling became smaller and softer, the fluid portion of it disappeared, and left a hard mass unmistakably omental.

## ROYAL FREE HOSPITAL.

### DISLOCATION OF TENDON OF THE SARTORIUS MUSCLE.

(Under the care of Mr. HILL.)

THE following case is remarkable, and, as far as we have been able to ascertain, unique.

On the 20th of August, Charles P——, forty years of age, was admitted into the Calthorpe ward, for an injury to the right knee. He stated that he was sitting in a squatting posture on the floor of a waggon, when his companion stumbled and fell across his bent knees while in this position. He observed nothing amiss until he tried to rise, which action caused him great pain on extending the leg, especially beyond a certain point, when he felt the tendon move considerably forward with a jerk. Upon examining the part, Mr. Hill found that the sartorius tendon was dislocated backwards by the rupture of its anterior fasciculated expansion. The leg was first flexed until the swelling had subsided, and then put up on a straight back-splint with a foot-piece, a pad being placed over the tendon of the sartorius to keep it in position. At the end of a fortnight, the patient being restless, it was deemed expedient to remove the splint, and the limb was encased in a gum-and-chalk bandage. The case progressed favourably under this treatment, and the patient was finally discharged on Sept. 30th, but occasionally attends the hospital as an out-patient, for inspection, in order to certify the permanency of the cure.

### EXCISION OF THE TONGUE, LEAVING THE FLOOR OF THE MOUTH ENTIRE.

(Under the care of Mr. GANT.)

A distinct modification of any previous operation for removal of the whole tongue was performed on the 25th ult. The disease, a cancerous ulcer of the left half of the tongue, had been removed by Mr. Gant on two previous occasions with the knife, but without any permanently good effect, the ulcer having reappeared each time in the course of a few months. Yet the submaxillary glands still remained unaffected. Accordingly it became necessary, and under the circumstances it seemed justifiable, to excise the entire organ.

The leading features of the operation were these:—(1) An

incision was made on the left side, from the angle of the mouth through the cheek inclining downwards to the jaw, at the junction of the ramus to the body of the bone, thus freely gaining access to the root of the tongue; (2) then seising the tongue with a forked vulsellum having a catch-spring to hold fast, the tongue was drawn well forwards and upwards out of the mouth; two curved aneurism-needles were passed through the base of the organ from before backwards, the points emerging just in front of the epiglottis; a strong écraseur, having one end of the chain unlocked, was then looped around the base, beyond the needles behind and in front, which thus effectually kept the loop well down around the whole tongue. The écraseur was worked slowly, at intervals of two minutes, and afterwards one minute, and half a minute, between each action of the handle, while the curved needles guided the chain deeply down through and along the floor of the mouth. The tongue was thus completely excised in a period of thirty-eight minutes. By means of hare-lip sutures the incision through the cheek was accurately closed. During this operation the influence of chloroform was readily maintained by inhalation through the nose. The patient swallowed a few spoonfuls of fluid the same evening, and slept for several hours in the night. He has since progressed rapidly towards recovery without an unfavourable symptom.

On the fifth day all the pins were removed from the cheek, and the line of primary union is scarcely visible. He can speak with sufficient distinctness of articulation to quite make himself understood, saying "I feel easy," and "I should like some more beef-tea." The act of swallowing is perfect.

These observations relate to a week after the operation. Full particulars respecting its ultimate result will be duly brought forward on another occasion.

## ERITH, CRAYFORD, AND BELVEDERE COTTAGE HOSPITAL.

CASES OF COMPOUND INJURIES TO JOINTS; RECOVERY.

(Under the care of Mr. F. B. JESSETT.)

THE importance of rest, cleanliness, and fresh air in the treatment of surgical injuries is well shown in the subjoined cases, the results of which are certainly remarkable, considering the nature of the lesions and the size of the joints affected.

*Extensive lacerated wound of arm, extending into the elbow-joint; recovery with perfect motion.*—T. H——, a strong, muscular man, aged forty years, was admitted on May 21st, 1872. While driving a cart, laden with lime (the cart being too small for the quantity of lime, a board was placed along either side to deepen it, and another board was placed across, resting on the side boards, to form a seat for the man to sit upon), on going up a hill one of the side boards slipped, and the seat tilted up, throwing him o er the side of the cart, his left arm coming in contact with the broken end of one of the boards.

On the removal of his clothes, a long jagged wound was seen to extend from about three inches above the left elbow-joint on the inner side of the arm to a like distance below the joint. There was very little hæmorrhage. On making a digital examination of the wound, two fingers could be easily introduced in the upper third and passed directly under the brachial vessels and median nerve, and beneath the biceps as far as the centre of the arm. In the middle third, some fibres of the pronator radii teres were torn across, and the fingers passed freely into the joint, the cartilages of which were plainly visible; the lower third was more superficial. The wound was well washed out with a weak solution of carbolic acid (1—60), care being taken that it permeated into the whole depth of the wound, the edges of which were then brought together with silver-wire sutures and a few strips of plaster; some pieces of lint soaked in carbolic oil (1—20) being strapped over the whole length of the wound. An angular poro-plastic felt splint was then accurately moulded to the outer side of the arm, from the shoulder to the tips of the fingers, and the whole arm bandaged firmly and placed in a sling. A full dose of opium was then given. He passed a restless night. In the morning a black draught was given, and as there were no rigors or tenderness over the wound, the arm was not touched until the 30th, when the splint was removed and readjusted. There still being no tenderness over the wound, none of the dressings were removed.

June 5th.—The man expressed a wish to go home, and, as there was not the slightest pain or tenderness over the joint or wound, he was allowed to do so. On the 12th he presented himself and had the splint removed and passive motion employed, the arm being bandaged and kept in a sling, and the dressing not touched.

20th.—The dressings were removed, and the whole wound was found to be perfectly united—not the slightest tenderness, and he was able to flex and extend the elbow slightly, pronation and supination being perfect. After this the patient did not present himself again for about six weeks, and was seen unloading a van of luggage, and using the arm, as he said, "as well as ever he did in his life."

*Compound comminuted fracture of the patella, extending into the knee-joint; recovery with a useful limb.*—R. P——, a rather delicate-looking man, aged twenty-nine, was admitted March 1st, 1873. While standing on the platform of the railway station waiting for a train to be shunted from one line on to the other, the engine being fastened to the carriages by a rope with a hook at each end, the screw which fastened the bracket on to the carriage to which the rope was hooked broke, and the nut was shot violently off and struck him on the knee-cap, knocking him down. He was carried into the station and thence to the hospital.

On admission, it was found that the right patella had sustained a compound comminuted fracture extending into the knee-joint. The external wound was about one inch in length, and the index-finger could easily be passed between the upper and lower fragments; one piece, the size of a large nut, was quite loose, and only slightly attached in the inner side.

Having washed the wound well with a weak solution of carbolic acid, the edges were brought together with wire sutures and plaster, and lint soaked in carbolic oil was applied over the wound. The leg was put up in a plaster-of-Paris splint, leaving the wound dressed with the carbolic oil uncovered. A full dose of opium was given, and the joint covered with a bladder of ice. The limb was suspended in a Salter's swing.

He had a good deal of pain in the joint, but very little swelling. Ice was kept constantly applied. He was fed upon milk diet, and the leg continually kept in the swing. A full dose of opium was given every night until March 6th, when he had some cold shivers. The dressings were then taken off. An aperient was given, together with ammonia and chinchona, and he was ordered a more liberal diet. There was very little pus, but a good deal of unhealthy watery discharge, the wound looking unhealthy. The plaster bandage was taken off, and two strong side leather splints applied, from high up on the thigh down to the ankle. The joint was not at all swelled, and was cool and comfortable.

March 10th.—The wire sutures were removed, and the wound dressed with plain carbolised water.

12th.—The discharge is more healthy; the rigors have disappeared, and the man seems more cheerful.

22nd.—A portion of the patella, of the size of a large nut, being loose and necrosed, was removed with but little difficulty.

25th.—Another piece of bone was removed, of the size of a large bean. The wound looks quiet and healthy. The patella is slightly movable.

April 3rd.—A third smaller piece of bone was removed. Got out of bed for the first time.

7th.—Another piece of bone removed.

10th.—The splints were taken off and readjusted, the joint looking healthy. Very slight motion in joint.

On the 17th the wound was healing very fast, and continued doing so until the 26th, when he was discharged.

Early in August the man was seen walking with a crutch. The wound in the patella was quite healed, a small bony exostosis projecting under the skin, about the size of a French bean. There was very slight motion in the limb, the man himself being in good health.

The above cases are of great practical interest, as it rarely happens that such injuries to important joints terminate so favourably. In the first case the internal lateral ligament of the elbow-joint was torn across, exposing the cartilages;

and the brachial artery was felt pulsating directly upon the finger in the upper part of the wound, but not ruptured, as proved by the radial pulse: yet the whole of the structures were united, and the man was able to use the arm as well as ever he did, in little over two months from the original injury. In the second case, from the severe nature of the wound, it is clear that the "nut" which was supposed to have caused the injury must have flown off like a bullet from a rifle; and when Mr. Erichsen, in the last edition of his work on Surgery, says, "Compound comminuted fractures of the patella, especially if occasioned by bullet-wounds, and opening the knee-joint are cases for immediate amputation,"—it was with much misgiving that an attempt was made to save the limb. But as the man was seen within half an hour of the accident, as the wound into the joint was believed to be small from the small quantity of synovia that escaped, and the man was known to be sober and steady in his habits, it was hoped by at once bringing the wound together and keeping the limb perfectly at rest, and by excluding the air, that plastic matter might be thrown out in the deep parts of the wound, and so close the small opening into the joint; and, happily, this anticipation proved correct, for although it was some months before the external wound closed, owing to a portion of the patella becoming necrosed, yet there was never any sign of acute inflammation of the joint itself.

Both these cases, it will be observed, were treated with carbolic-acid dressing on the antiseptic principle; but as there have been many wounds after operations or accidents that have healed quite as quickly and well without the aid of any antiseptics, Mr. Jessett was disposed to attach more importance to the perfect rest and pure air which are available in cottage hospitals than to the influence of the carbolic dressings.

# Medical Societies.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, OCTOBER 28TH, 1873.

DR. C. J. B. WILLIAMS, F.R.S., PRESIDENT, IN THE CHAIR.

### NOTES OF A CASE OF DUCHENNE'S PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS, WITH SPECIAL REFERENCE TO THE TEMPERATURE OF THE OVERGROWN LIMBS, AND WITH GENERAL REMARKS.

BY WILLIAM MILLER ORD, M.B. LOND,
ASSISTANT-PHYSICIAN TO ST. THOMAS'S HOSPITAL.

The patient, a child of seven years, had suffered for two years from progressive weakness of the back and lower limbs, of which no exciting cause was known. There was no impairment of the mental faculties, but the child constantly fell while walking, and could not get up again without seizing some firm support by the hands. The sacro-spinal muscles and the muscles of the thigh were thin and poor, but the calves were distinctly overgrown. The observation to which attention was specially directed was, that the calves were distinctly warmer than the thighs by from 1·9° to 3·9° Fahr. The fibres of the muscles, being removed by an *emporte-pièce*, showed no material deviation from a healthy structure, certainly no degeneration; but there appeared to be an increase of the white fibrous element between the primitive fasciculi. It was suggested by these facts that the disease was in a very early stage, and that vaso-motor derangement, probably paralytic, played a great part in its production. The diseases called "progressive muscular atrophy of childhood" and "infantile paralysis" were compared with the pseudo-hypertrophic paralysis. It was noted that, whereas in the former of these a definite wasting of certain parts of the cord had been demonstrated by Dr. Lockhart Clarke and Dr. Bastian, no morbid appearances had been detected in the brain or spinal cord characteristic of the pseudo-hypertrophic paralysis. It was inferred from these and other considerations that the origin of the disease must be looked for in the sympathetic or ganglionic nervous system. No affection of sensation was detected in this case; and the one morbid condition was the gradual weakening of the muscular power in the lower half of the body generally, associated with the hypertrophy of the calves. This was regarded, not as a true hypertrophy of muscle due to excessive use, but as an overgrowth of interstitial connective tissue due to hyperæmia.

Dr. ALTHAUS said one new point in the pathology of the disease was brought out in the paper—viz., the increase in the temperature of the part. This had never been observed before, and he thought it must throw light upon the nature of the affection, as other symptoms also pointed to the vaso-motor or atrophic nerves being affected. It was not a pronounced case; the hypertrophy was small and in its commencement; the difference in the circumference of the calves was small—half an inch; the microscopical changes were also slight. The affection presents two stages—the first, where there is true hypertrophy, an increase in the diameter of the part, and awkward movement; the second, marked clinically by paralysis of movement, deformities, and the development of adipose tissue in the muscles and other parts. Cohnheim's case was remarkable for the change in the nerves; the adipose tissue was increased in the spinal ganglia, the lateral columns of the cord were wasted, the nerve-matter had disappeared, and was replaced by a substance with large bloodvessels and amyloid corpuscles. Dr. Ord considered the affection depended upon disease of the vaso-motor nerves; others had said upon some cerebral affection; then it had been supposed a disease of the muscles or of the spinal cord. The electrical tests pointed rather to a nervous than a muscular affection.

Dr. LANGDON DOWN did not think, from his experience, that the change was simply vaso-motor or spinal. Had Dr. Ord examined the mental state? In nine cases he had seen, the mental powers were weakened. He had met with several cases amongst idiots before Duchenne's paper. In all he had seen there were well-marked cerebral lesions. He had not found the marked loss of sensibility spoken of in the affected part.

Mr. W. ADAMS said the cases were extremely rare. He thought Dr. Meryon's name should have been mentioned in the paper. The essence of the disease was a progressive paralysis of the muscles of the lower and upper extremities with hypertrophy. He had noticed that the pronators and supinators of the forearm were enlarged, the biceps atrophied, and the deltoid large. The disease was fatal under twenty. Arsenic appeared to have been of benefit in some cases.

Dr. GEO. HARLEY said the author of the paper looked upon the rise of temperature as due to the hypertrophy of the muscles. He thought the hypertrophy and rise of temperature due to the same thing—an increased flow of blood to the part,—and this because the chemico-physical processes were expedited. He considered the disease due to loss of power in the vaso-motor nerves.

Dr. ORD, in reply, said the disease was in an early stage. The case of Cohnheim's he had referred to must be a different one from that which Dr. Althaus spoke of. The child was lively and answered questions well; an elder brother was an idiot. He had not brought forward Dr. Meryon's cases as they had been disputed. Dr. Harley's views were quite in accordance with his own.

### ON THE ACOUSTIC PRINCIPLES AND CONSTRUCTION OF STETHOSCOPES AND EAR-TRUMPETS.

BY CHARLES J. B. WILLIAMS, M.D., F.R.S.,
CONSULTING PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION, BROMPTON.

After noticing the invention of the stethoscope by Laennec, its modification by Piorry, and the introduction of the trumpet-end instrument by the author thirty years ago, he enunciates the principle of the stethoscope to be to conduct the sounds from the chest to the ear, both through its solid fibres and through its enclosed column of air. He then considers the *material* and the *form* best suited for this office. Wood, as a conductor of sound, is the best material, especially deal, and such woods as are rigid in longitudinal fibre, and yet light; the same reason makes them fit for sounding-boards of musical instruments. The only objection to wood is its fragility, especially when reduced to the shape best suited for stethoscopes. Metals are good conductors; but their coldness when first applied to the chest and ear, and their weight, are objectionable. Horn, *papier maché*, or gutta-percha, would answer better; but a more suitable material is found in a preparation of india-rubber called *ebonite*, being easily formed into any shape, being also light, durable, and a good conductor of sound. With regard to the form of the instrument, after long and varied trials of

stethoscopes of different shapes, the author is convinced by reason as well as experience that the trumpet-end instrument is the best. Conducting the sounds by its enclosed column of air as well as through its solid walls, this trumpet end brings both its solid and its contained air into closer contact with the chest-walls, from which the vibrations proceed, than can be done with a conical end, or any other; and there is neither too much hollow, which causes a confusing reverberation, nor superfluous weight of solid, which checks the weaker vibrations of sound. This form is also more comfortable to the patient, and easier and more steady for the observer; because its application is by a flatter contact and a firmer base than that of conical instruments, the edges of which often give pain. After discussing the subject of the transmission of sound through flexible tubes, the author admits their power, but concludes that the sounds are more or less modified by reverberation in them, especially when long or with large hollows. Dr. Williams concludes the subject of stethoscopes by a description of two forms made in ebonite—one for the hat, another for the pocket,—and of some of their uses.

The acoustic principle of the ear-trumpet is quite distinct from that of the stethoscope. The latter simply conducts pectoral sounds through its solid and its enclosed column of air. The ear-trumpet, on the other hand, acts solely as a reflector to receive the waves of sound from the open air, and to direct them into the ear as a focus. The best materials for reflecting aerial sounds are those hard and dense, such as metals, glass, porcelain, &c., but the weight of some of these, the fragility of others, and the intrinsic tinkling note of all, form objections to their use as ear-trumpets. Still the best instruments in common use are made of silver, plated metal, or japanned iron. The lightness of aluminium would render it more eligible. Polished ebonite also forms a good reflecting surface, and although inferior to metal, has advantages over it in lightness and freedom from intrinsic sounds. The form of the ear-trumpet requires careful consideration. The simplest and most efficient reflector is a hollow cone with a wide base open to catch as large a body of sound as possible, and to reflect it in the simplest and most direct way through the apex into the ear. All repeated or secondary reflections of sound, as in parabolic and spheroidal cavities, are to be avoided; because, being retarded, they confuse the sound by an echo following, instead of adding to its distinctness. Such instruments may increase the noise, but they impair the clearness of articulate sounds, which ear-trumpets ought to convey pure, and unmixed with extraneous notes. But in point of fact these confusing sounds are met with in all ordinary ear-trumpets, causing the conch-like roar, like that of the sea heard in large shells. This noise is a reverberating echo of sounds from without, and takes its tone from the note proper to the size of the cavity or tube in which transverse or longitudinal vibrations are excited, responding to every noise or impulse. These noises are confusing, and often painful to sensitive ears, and should be avoided. They are much lessened by widening the open base of the cone; but they may be further diminished by several other expedients, as exemplified by the instruments exhibited, the most convenient of which is obliquely truncating the cone, leaving open half or more of its length. In so doing the instrument has an obvious resemblance to the ears of many quadrupeds, and probably this form is wisely designed to aid their hearing without the confusing noise of mere tubes and cavities. Perhaps, too, the hair with which the ears are fringed may subserve a like purpose, from which a hint may be taken if required.

After the reading of the paper, Dr. Williams exhibited and explained various forms of stethoscopes and ear-trumpets. Acoustics had been studied more in relation to musical notes than to common sounds, which could be better understood by bearing in mind the definition which he had formerly given of sound—*motion of a certain force resisted by a certain force.* The moving and resisting forces acting alternately in opposite directions constitute the vibrations of sound. These are best produced and conducted in hard rigid bodies. But the conduction of sound is favoured also by similarity in density: thus a solid transmits its vibrations most powerfully through a rigid solid of the same density, and much less freely through air. The sounds of air but feebly affect dense solids, such as metals, which reflect or turn them back. But a solid of tense density and great rigidity, such as wood, transfers vibrations more freely from metal to air, and from air to metal, as exemplified by a tuning-fork on a sounding-board, and this property renders wood the best material for stethoscopes, which have to conduct sounds from the chest, generated both in air and in solids, to the solid structures of the ear. But the aerial sounds of the chest it transfers still more perfectly through the column of air enclosed in the stethoscope, which thus becomes a sounding-board conductor, sensitive through the rigidity of its walls and the lightness of its mass, to receive and transmit the weakest vibrations. To exemplify these remarks, the following stethoscopes were shown, with passing comments:—Solid perforated cylinders introduced by Laennec; one actually made and used by him, too heavy and clumsy, and not well fitting to the ear or to the chest; unperforated cylinder, inferior in conducting power for breath- and voice-sounds. Piorry's slender stethoscope, with ivory cap and plexímeter: too small at pectoral end; ivory screws troublesome, and impair conducting power. Modification of the last, of wood only, with larger conical end and stopper to fit, without screws: a good instrument. One of this kind had a hole in its side, to show that opening the column of air much impairs the conducting power; closing the hole restores it. Another instrument of this shape had a drum of india-rubber at its pectoral end; this, by preserving air-tight the enclosed column of air, enabled it to conduct sounds well without full contact, as on the ribs of very thin patients. The thin india-rubber water-bag of Dr. Scott Alison is useful for a similar purpose with any stethoscope, by increasing the contact and conducting power for thin subjects, or even when applied outside the clothing. Trumpet-end stethoscopes, in wood and in ebonite, made either in one piece (to be carried in the hat), or with the ear-end to take off and fit into the chest-end, thus making it strong and portable for the pocket; these are the last stethoscopes devised and recommended by Dr. Williams, and manufactured by the India-rubber Company at Silvertown and Cannon-street. A binaural stethoscope, constructed by Dr. Williams thirty years ago, was also shown, made of wood, with metal tubes and ear-pieces of wood; it was found to convey sounds from the chest with exaggerated loudness, but, being inflexible, it was awkward for application. The double stethoscope of Dr. Leared, shown at the International Exhibition of 1851, was a great improvement, in being flexible and fitting to the ears with a spring. The binaural and differential stethoscopes of Dr. Marsh and Dr. Scott Alison seemed to promise still further advantages to those whose hearing is equally good in both ears—a capacity which a great many do not possess. But of all these instruments, and of most long flexible stethoscopes, it must be said that, although some sounds are exaggerated, others are impaired, and there is not that distinctness and simplicity which we hear in the sounds transmitted through the short wooden or ebonite instruments.

With respect to ear-trumpets, the members were requested to try some of those in common use, of which several good specimens were before them, kindly lent for the occasion by Messrs. Coxeter and Messrs. Weiss. The long flexible ear-tube answers perfectly well for a *tête-à-tête* conversation with a deaf person, but the ear-trumpets to be used in society or in public assemblies all had more or less of the roar of reverberation, drowning and confusing articulate sounds. Of the wide conical ear-trumpets in which Dr. Williams had tried to obviate this, one was made of japanned tin-plate with eight or ten small holes in the sides, to give vent to the transverse vibrations. This expedient was partially successful, the roar being slight and the magnifying power about ten times—that is, the ticking of a clock could be heard at ten times the distance at which it could be heard by the unaided ear. A longer cone (about eighteen inches) of stiff paper ending in a short ear-piece of metal was still more free from roar, and magnified the sound twelve times. This was the most successful of all the ear-trumpets. A third smaller cone, of gutta-percha, having two diaphragms of stiff paper running in the axis of the cone, with their planes crossing at right angles in the centre, to check the transverse vibrations, was partially successful, magnifying eight times. Lastly, a cone of ebonite, twelve inches long, truncated obliquely to half its length, magnified ten times, with only a slight roar excited by loud sounds. This last Dr. Williams considered likely to be the most

available instrument for common use, and it would be improved by opening the cone further to two-thirds of its length, which would make it still more like the ear of a quadruped. Taking this for a model, and avoiding as much as possible tubes and cavities, which are the cause of confusing reverberation, we may hope to get means to aid the failing hearing to some extent, as we do the failing sight.

A short discussion followed, in which Mr. Brudenell Carter and Dr. Leared took part.

# Reviews and Notices of Books.

*On the Functional Diseases of the Renal, Urinary, and Reproductive Organs.* By D. CAMPBELL BLACK, M.D., &c. London: J. & A. Churchill. 1872.

THE chief object of this work is, if we rightly understand the author, to treat of the pathology and cure of spermatorrhœa; some other diseases of the genito-urinary system being introduced as they "appear to present, both pathologically and physiologically, such close analogies to the subject in question that their relative interdependence and importance would be better exhibited by being considered in conjunction with it." In 1870, in a leading article in THE LANCET, drawn forth by a letter from the author of this work on the subject of quack advertisements, we said that "in our existing surgical literature we know of no work in which these details are treated by any sufficient authority with adequate care and fulness." We regret that this observation is still as true as in 1870. A hundred well-recorded cases of spermatorrhœa, with clinical remarks and generalisations from them, would do more to fill this want in our professional literature than a dozen such highly theoretical works as Dr. Black's.

The author commences with a chapter "On the Conditions that affect the Secretion of Urine, with special reference to Suppression." In this he treats at some length of the suppression of urine in cholera; ascribing it to the altered chemical composition of the blood due to the loss of alkalies, and the consequent diminution of oxidation and cessation of the formation of urea. He is of opinion, also, that the specific poison of cholera "acts by irritating the sympathetic; thus causing contraction of the capillaries, arrested circulation, and its inseparable concomitants." He also makes the following suggestion:—

"Further, if the cerebro-spinal nerves terminate in the acid secretions, and the branches of the sympathetic in the alkaline, there is nothing superfluous or without design in the body, and assuredly there must be design in this. There is probably a chemico-vital correlation requisite to the performance of vital function, just as electricity is developed through the immersion of particular plates in acid solutions. May not, therefore, the withdrawal of so much of its alkaline constituents from the blood still further impress the sympathetic?—and may not the benefits which result from injection of alkalies into the veins restore, possibly, its normal stimulus to the sympathetic?"

The second chapter is devoted to Retention of Urine, its varieties, causes, and treatment; and in it we have not a few curiosities both of theory and practice. We are informed that "spasm of the bladder is of occasional occurrence, and the contraction of the organ may take place to such a degree as to effect complete closure of the orifices of the ureters, and thus give rise to a species of retention." Again, we are informed that the frequency of the occurrence of stricture at any given part of the urethra is in direct proportion to the vascularity, and "accordingly stricture of the urethra occurs in the following order—in the membranous portion, in the bulbous portion, and at the fossa navicularis." As this differs from the ordinary view, that the commonest seat of stricture is at the junction of the membranous and bulbous portions of the urethra, it would have been more satisfactory if Dr. Black had furnished us with the data upon which he has founded his opinion. Dr. Black also gives us the notes of two cases of rupture of the bladder treated by "catheterism repeated three or four times daily"; and informs us that, should he "ever again have occasion to treat a case presenting the features of partial rupture," he would be inclined to tie in a catheter—a conclusion so obvious that it seems surprising it did not occur to the author till after the second case.

To proceed to the main object of the work, the chapter "On the Pathology and Treatment of Nocturnal Enuresis and Spermatic Incontinence," we are again disappointed in looking for anything to justify the expectations raised by the preface. The first sentence is, indeed, a profound generalisation, but which we fail entirely to see as clearly as the author expects us to do. It is as follows:—"The analogy between nocturnal enuresis, spermatic incontinence, and all other involuntary muscular movements and epilepsy will be patent to every one." In treating the subject of spermatic incontinence, Dr. Black propounds three questions. Do the testicles continually secrete semen as other glands constantly elaborate their peculiar secretions? Can the discharge of the peculiar secretion of the vesiculæ seminales, the prostate, and Cowper's glands take place independently of one another? Are the vesiculæ seminales merely the reservoirs of the seminal fluid? All these questions he answers in the affirmative. He then proceeds to consider two more questions. Is semen discharged with the urine in health? and Is semen reabsorbed into the system? To the first he answers, "Assuredly not," without much evidence; and with regard to the second, after collecting a considerable amount of evidence on both sides, he sums up thus:—"The theory of absorption of semen is maintained, I believe, mainly for the following purposes: In the first place, to alarm young men chiefly; and, on the other hand, to square matters with certain angles of the moral law; and, consequently, ten chances to one, it is my impression, that he who advocates it must be either a fool or an impostor." These propositions being granted, the author asserts that one of two things must happen to those unfortunate victims of civilisation who are unable to "form matrimonial alliances at a period of life indicated by nature." "Either inconvenience from ungratified natural instinct, or a discarding of extra-matrimonial chastity." The author then proceeds to give a summary of the symptoms of true spermatorrhœa, and here we are unable to find anything which is not equally to be found in half a dozen well-known surgical works. As for the treatment, if we understand the author rightly, he recommends removal of any source of local irritation, prostatic, preputial, or whatever it may be, and sexual congress. On the subject of this latter there are some rather strong assertions, not intended, as the author tells us, "to condone any infringements of the moral law," but "to state the physiological issues, and let the reader judge further for himself." Dr. Black says in the preface that he has treated the subject on its merits, like any other medical question, and this we are willing to acknowledge; but if so, we must also acknowledge that his mode of treating medical subjects is somewhat peculiar. Medicine is essentially an inductive science, and only by the collection and generalisation of numerous well-recorded observations can we ever arrive at a definite conclusion concerning any disease, and we see no reason why spermatorrhœa should be an exception to this rule. Before concluding we must draw the attention of our readers to some specimens of the style in which the author frequently indulges. On page 228 we have the following:

"Would that I could draw aside the veil which obscures the worse than Paphian temples, where the votaries of instrumental prostitution crowd to worship. Here an 'observer' taking the attitude of an ulcer of the os, which has existence only in his own brain; there another dangling the uterus on a staff, like a hare-bell on a herdboy's sprig; but these gentlemen are 'scientific practitioners of medicine,' and as such are applauded." On page 217 he thus describes the relative position of the testes: "By the exercise of that wise foresight which characterises so eminently all the works of the Great Artificer, 'the Eternal Geometrician,' it is so arranged that in the state of health, under ordinary circumstances, the one testicle, the left, suspends lower than its fellow of the opposite side." The work abounds with such specimens from the preface to the last page, and we can only hope that when the author next appears in print he will have corrected his style.

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*The Worthies of Cumberland.* By HENRY LONSDALE, M.D. London: Routledge and Sons. 1873.

VERSATILE culture and catholic tastes are apt to make their possessor indifferent to circumscribed locality. Goethe, for instance, was so cosmopolitan in mind that it is doubtful if he ever felt the patriotism which glows in narrower and intenser natures. The tendency of modern civilisation, with its diffusion of knowledge, its displacement of old landmarks, and its leveling influences, is to foster such a mental constitution, to sneer down local sentiment as "provincial," and to merge individual character in a featureless uniformity. The late John Stuart Mill deplored this tendency; while Carlyle, by his doctrine of hero-worship, his insistance on the value of the "individual" even to supporting the fallacy that a nation's history is summed up in the lives of its "great men," has done his best to counteract it.

Nevertheless, the leveling roller of common education and of intercourse more and more facile is asserting its power, till the distinctive marks that separate from each other the various types of Englishmen are coming nearer and nearer to the "vanishing point." Not a day too soon, therefore, are the chroniclers of county history at work in gathering and grouping the *memorabilia* of their respective localities, and in embalming for posterity the fleeting essence of local or provincial character. Among the labourers in this field Dr. Lonsdale deserves a high place; and his "Worthies of Cumberland," of which the present is the latest if not the last instalment, forms as successful an embodiment as we have seen of the representative features of a great English county.

Wordsworth, Tickell, the Misses Blamire, the Loshes of Woodside, Dr. Thomas Addison, and the late Mr. H. L. Pattinson, are the themes of the present volume. The first and second of these "worthies" are described by Dr. Lonsdale more, we imagine, for the sake of giving completeness to the list than because he has anything to add to what has already been written of them. But the sketch of Miss Susan Blamire, the author of some of the finest songs we have and a lady of strong and genial individuality, would of itself commend the volume to the reading public. The Loshes, like the Blamires, were also remarkable as a family; and Dr. Lonsdale has given us a group of its more interesting members which is certainly a highly successful piece of literary portrait-painting. Except incidentally, however, none of them, nor indeed any "worthy" in the book, has special interest for medical men, but Dr. Thomas Addison. Of this most admirable physician, practitioner, and teacher, Dr. Lonsdale presents us with a vivid and life-like sketch. Remarkable as a boy at the grammar-school of Newcastle-on-Tyne, where he acquired such mastery of Latin that he could take notes of the lectures of the Edinburgh professors in that language, Addison more than justified the anticipations formed of him, till, after graduating in the Northern capital with high distinction, he settled in London, and soon became the life and soul of Guy's. No *alumnus* of that school should omit to read Dr. Lonsdale's *éloge* of one of its greatest teachers—one whose career was an exemplar which every medical aspirant must be the better for studying. Dr. Lonsdale's style—occasionally, as in his well-known Life of Goodsir, a little odd, not to say *amateurish*—is singularly pure in the sketch of Addison: as if, indeed, the mantle of his subject's namesake had fallen on him for the occasion. We wish, however, that he had given in correcter Latin the inscription on Addison's bust in the museum of Guy's.

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*Diseases and Injuries of the Eye.* By GEORGE LAWSON, F.R.C.S. Fcap. 8vo. 400 pp. London: Renshaw.

WE congratulate the author of this valuable little work on the appearance of a second edition, which is an improvement on the first, inasmuch as it has been brought up to the present state of our knowledge of ophthalmics. Much old material has been cut out and more than replaced by new, and, by the addition of nearly eighty new woodcuts, the value of the book has been greatly enhanced. The articles on Calcareous Films of the Cornea, Tattooing of the Cornea, Cyclitis, Venous Nævus of the Orbit, Herpes Frontalis, and Xanthelasma Palpebrarum are quite new, while those on Conical Cornea, Intra-ocular Tumours, and Cataract have been entirely rewritten. The article on Astigmatism has been much extended, and in its present form gives a remarkably clear description of the cause of this anomaly, the readiest method of detecting it, and of selecting appropriate glasses.

We need scarcely say that we heartily commend this work, which for its size and pretensions contains more information on the subject of ophthalmic medicine and surgery than any other with which we are acquainted.

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# REPORT
## OF
# The Lancet Sanitary Commission
## ON
# SEWAGE FARMS.

### No. II.—CROYDON.

THE district of Croydon has grown with wonderful rapidity during the last few years, and has now a population of not less than 60,000. It is under the supervision of a Local Board, which has shown great wisdom and energy in promoting the development and improving the sanitary condition of the town. A cottage hospital, with about 20 beds, has been established; public baths have been erected; and a plot of 36 acres of land has been purchased and devoted to the use of the inhabitants as a recreation ground, where cricket flourishes in the summer and football in the winter. Almost the whole district has been sewered, and, by a wise regulation, every new house is furnished with a ventilating pipe from the drain to the outside of the premises. The water-supply is derived from chalk wells in the middle of the town. These wells are lined with iron, and are of considerable depth; but the water is so abundant that it rises almost to the surface of the ground, and the supply is apparently inexhaustible. The water has about 16° of hardness, and contains much nitrates, but appears from the published analysis to be remarkably free from organic matter. The

water engines &c. are the property of the town, and the present supply of water amounts to from 30 to 40 gallons per head per diem.

The sewage of the population is at present disposed of in the following manner:—On Beddington farm, three miles from the town, the sewage of 45,000 persons is applied in land irrigation; on the Norwood farm the sewage of 7500 persons is similarly employed; the metropolitan sewers take the sewage of about 6000; and the rest of the population, about 1500, scattered in outlying places, has as yet no drainage.

*Beddington Farm.*—This farm consists of about 500 acres; but only 420 acres are under irrigation, so that each acre receives the sewage of 107 persons. The dry weather flow is estimated at 3,500,000 gallons per day, which is at the rate of nearly 14,000 tons per acre per annum. The storm flow is about five times as great, at the rate, namely, of about 70,000 tons per acre per annum. Italian rye-grass and mangold are the chief crops grown. Throughout the year 1868-9 the sewage contained on an average 3·827 parts of nitrogen in 100,000.

Between the town and the farm the sewage passes through a filtering-house, where it is filtered, or rather strained, by an ingenious mechanical contrivance invented by Mr. Baldwin Latham, C.E., who was formerly engineer to the board, and to whom the town is indebted in many other respects. This consists of a couple of iron cylinders revolving on a horizontal axis. They are open on one side, and closed by a trellis on the other, and are divided into compartments like a dyer's wash-wheel. The sewage is obliged to pass through the trellis, which is kept from clogging by a stream of water projected against it. The sludge is in this way removed, and is carried by a screw into a separate chamber from which it is periodically removed, and either applied to the land of the farm, or sold to neighbouring farmers. The cylinders are turned by a turbine, which is kept in motion by the fall of the sewage.

The sewage enters the farm by a conduit which, like all others on the farm, is open. There are no tanks; the sewage goes straight to the crop, pours over the surface of the land amongst the roots; is then carried to a second plot, and finally runs off the surface of the latter as effluent water. It will be seen that this is quite different from the downward filtration with deep under drainage which is practised at Mr. Hope's, and other similar farms. The filtration is effected by the stems and roots of the plants, and by a few inches at most of the soil. The analyses made for the Rivers Pollution Commission showed that the effluent water was of good quality, and contained on an average 0·584 parts of nitrogen in 100,000. The samples we examined were nearly colourless, and free from odour, and throughout the whole farm we failed to detect the slightest trace of sewage smell.

*Norwood Farm.*—On this farm sixty acres receive the sewage of 7500 persons—one acre to 125 persons. The dry weather flow is estimated at 150,000 gallons per day, which would amount to about 4000 tons per acre per annum. The storm flow is about thirteen times as great — namely, 2,000,000 gallons, which is at about the rate of 54,000 tons per acre per annum. The system of irrigation employed is almost the same as at Beddington, except that the filtering apparatus is rough and insufficient, and that a good many of the water-carriers are closed culverts. The results obtained as regards the purification of the sewage are inferior to those at the Beddington farm. The effluent water contains more organic matter, and the samples we saw were not perfectly clear. This, however, was, we were assured, an accident due to the fact that some of the gutters were being cleaned out. The land is stiff clay, and is, therefore, ill adapted for surface filtration. We failed to detect any bad smell, and the neighbours made no complaints, though one man told us that a sickly smell might be perceived in passing through the fields on a hot day. In 1868-9 the sewage contained 6·554 parts of nitrogen in 100,000, and the effluent water 1·34 parts.

Comparing the statistics of the two farms, we see that at Norwood the sewage is stronger, and the volume, both in dry weather and wet, smaller than at Beddington, but that the increase in volume during floods is much greater at Norwood than at Beddington. The enormous dilution at times, when the land least requires water, is, of course, an evil here as it is elsewhere. It has already been to some extent lessened, and it is proposed to lessen it still further by diverting a great part of the storm water to the Bourne brook which flows from Caterham into the Wandle, and passes as a closed culvert through the town. As things stand now, there is little doubt that the volume of sewage applied to the soil both at Beddington and Croydon is too large. It is true that it does not appear possible to connect any definite ill-effects with the present system, but the most extreme caution is required in dealing with a matter in which the risk is so apparent, and it is certainly incautious to flood the crops, herbage, and all, with sewage as they are now flooded in wet weather. The necessity for passing the whole of the storm water over the land has, moreover, another disadvantage. It often compels the farmer to continue the irrigation of a crop to within a week, or even three days, of the time of cutting. An interval of at least a fortnight should always be allowed that the plants may have time to assimilate thoroughly the fæcal matters of the sewage, and the necessity is even greater when animals are allowed to graze on the grass. Cows, we are told, often refuse to eat grass which has been cut too soon after sewaging, and the cowkeepers know the difference by the smell.

The comparative merits of the two systems of irrigation which are exemplified by Mr. Hope's farm at Romford and the two Croydon farms are still warmly discussed. They may be described respectively as intermittent downward, and intermittent surface filtration. The latter is cheaper, as requiring no deep drainage, and, when well arranged and carefully carried out, it seems to afford sufficient purification for the sewage. Its advocates maintain that it permits the absorption of a larger proportion of the manurial ingredients than the other system, which they say allows on some lands a good deal of valuable matter to pass into the subsoil, and so be lost. On the other hand, the advocates of downward filtration argue that these objections are in the main chimerical; that when the land is properly prepared, the crops take up as large a proportion of the nitrogen as on the other system, and that the perfect safety afforded by downward filtration more than counterbalances any minor disadvantages. Sufficient evidence on these points has not as yet been collected; but when we consider the risk that may at any time arise on farms, like those at Croydon, from neglect or mismanagement, and place against that risk the fact brought out by the British Association Committee, that at Breton's farm 40 per cent. of the nitrogen of the sewage was removed in the crops, and that the soil gained in richness, we confess that for the present we are inclined to give the preference to downward filtration. At the same time it must be remembered that downward filtration has not as yet been sufficiently tested by time, and that, whether probable or not, it is at any rate possible that a plot of land long irrigated may at last suffer diminution in its filtering and aerating power. Whichever system of irrigation is finally adopted, we hope that in one respect the good example of Croydon will be followed, and the sewage applied directly to the soil, and not allowed to fester and putrefy in tanks.

The result of our careful inquiries into the sanitary conditions prevalent in the neighbourhood of the two farms has convinced us that they have produced no perceptible ill effects on the health of the inhabitants. The death-rate in the parish of Croydon during the year 1872 was 18·55, and the average for the last ten years is 19·11. In the Norwood district, so far from the farm having increased the death-rate, the rate has, since its establishment in 1865, fallen from 18·6, the average for that year and the two before it, to 13·4, the average for the last seven. Since 1866 it has never been as high as 15. In Beddington, which lies outside the parish, the mortality is said to be equally low, although bad sanitary arrangements prevail in the houses. Several small epidemics have been ascribed to the farms, but in each case inquiry has proved that far more probable causes were present, and in one case, at any rate, the charge has been honourably retracted.

We must conclude by thanking the town authorities, and particularly Dr. Alfred Carpenter and Mr. Thomas Walker, the engineer to the local board, for the courteous assistance

they have rendered us. To the energy and intelligence of Dr. Carpenter Croydon is deeply indebted, and its present excellent sanitary condition must be to him a source of some pride as well as gratification.

# PROFESSIONAL SKETCHES.

## III.—THE CONSULTING PHYSICIAN.

"Honour a physician," says the Son of Sirach, "with the honour due unto him for the uses which ye may have of him; for the Lord hath created him. For of the Most High cometh healing, and he shall receive honour of the king. The skill of the physician shall lift up his head, and in the sight of great men he shall be in admiration."

In all ages of the world physicians have been held in honour, as the above quotation from Ecclesiasticus and the well-known eulogy of Homer abundantly testify. It would seem, too, that a distinction was drawn, even in the very earliest time, between the skilled physician and the empiric apothecary or pharmacologist. One was regarded in the light of a clever general and tactician, who, by wisdom, forethought, and prudent counsel, could compel disease to forsake its strongholds and surrender at discretion; the other was looked upon merely as a wielder of lethal weapons, who, if unguided by the judgment of his superiors, might either fail in his object or succeed only in destroying the enemy by the simultaneous destruction of the very citadel itself. Among learned professions, that of the physician has in all times held its own, and the consulting practitioners of the healing art have invariably been admitted to the enjoyment of a high social position. Until comparatively recent times Medicine took decided precedence *de facto*, as she still does *de jure*, of her twin sister, Surgery. There were at all times, no doubt, chirurgeons who by force of character and sheer ability rose to great eminence and enjoyed posts of high honour; but these men, who were few and far between, shed a lustre on their calling, and did honour *to* it, instead of receiving honour by the mere fact of practising it; and it may be said that they rose in the estimation of their fellow-men in spite of the drawback of practising what then was little better than a brutal and a bloody handicraft. It was not probably till the time of Wiseman, the serjeant-surgeon of the "merry monarch" and the "father of British surgery," that surgery as a science and an art *per se* began to have any *locus standi* in this country; but we have evidence that at least two centuries before that time there were British physicians who were celebrated not only for their learning, but for the influence which they exercised in the State.

The early physicians were all men who had received the highest education which was then obtainable, and we find that Linacre, the founder of the College of Physicians, and his immediate successors, Caius, Browne, Harvey, and Sydenham, not only studied at Oxford or Cambridge, but, subsequently, on leaving the universities, travelled abroad in search of such information in the healing art as the more renowned seats of learning on the Continent could afford. The consulting physicians of the present day, those who essay to take what always has been considered the highest walk in medicine, are the inheritors of a profession which has been regarded for many ages as ennobling in itself, and which has been adorned by many men remarkable alike for their Christian virtues, great learning, and scientific acumen.

It will hardly be conceded at present, as Johnson says was the case in his time, that "a physician in a great city seems to be the mere plaything of fortune." That there often is, as there always has been, a considerable amount of what we call luck (but luck, be it observed, is generally due to the intrinsic qualities of the man) attendant upon great success we will not attempt to deny; but we believe that there never was a time in which the possessor of real worth stood so good a chance of coming to the front as at present. No man can succeed as a physician unless he possess the requisite qualifications, and it is evident that a typical physician should be distinguished in the first place for his great and extended professional knowledge—knowledge acquired by continuous reading and the painstaking and scientific investigation of disease in a hospital. That he should know how to use this knowledge and how to give weight to his opinion is of the highest importance; and he should be an adept in so regulating his utterances that while, on the one hand, they shall be free from offensive dogmatism, they shall, on the other hand, have no tinge of vacillation, doubt, or timidity. This just mean is only to be acquired by constant teaching in a medical school—for of all methods for compelling exactitude in knowledge and in speaking, teaching undoubtedly takes the first and the highest place. While a physician is making his hospital visit, escorted by a troop of students, and while he is offering his clinical remarks to men who, though young, are, as he well knows, too prone to be critical, he is receiving that indispensable training which enables him to speak authoritatively when called in consultation with those who are perhaps his seniors, or at least his equals in years, and who may possibly hold the not uncommon notion that grey hairs are the one pathognomonic indication of knowledge.

The consulting physician appeals to a double public—the general public, who consult him probably for no other reason than because they hear his name frequently, and the professional public, who exercise the most critical surveillance over his mental and social acquirements, and according to whose verdict the extent of his practice is in a great degree regulated. The bearing of the consulting physician towards the general practitioner has immense influence on his success, and the questions asked about him by the latter more often have reference to the "kind of man he is in consultation" than to the extent of his knowledge upon this or that class of diseases. "Tact" is the one indispensable quality, tact which shall enable him to avoid the Scylla of unnecessarily weakening the confidence existing between the doctor and his patient, while steering clear of the Charybdis of leaving errors uncorrected or of failing to suggest any modification of treatment which might possibly ameliorate the sick man's condition. The bearing towards the patient and the friends of the patient is equally important, and it should be the object of the consulting physician to be looked upon as a kind and sympathetic despot, whose edicts—all intended for his patient's good—must be obeyed to the letter. By sympathy we need hardly say that we do not mean the uttering of nauseous platitudes with a set smile, but that only true sympathy which finds expression more often in deeds than in words, and in those numberless and apparently trifling suggestions which are ever present to the truly sympathetic mind, and which, if they but tend to make a bed of sickness more endurable, are readily appreciated, and not readily forgotten.

The great physician of William and Anne, Dr. Radcliffe, who scarcely ever attended a case without insisting first upon the discharge of the medical men already in attendance, and who had the hardihood to tell his royal patient that he would not have His Majesty's two legs for his three kingdoms, could hardly have succeeded in the present day. He was, in fact, a hectoring, ill-mannered bully, but he possibly knew best how to cope with the ignorant obstinacy

and superstition which were the chief characteristics of the "faculty" in the good old times.

There is one tale of Radcliffe which very much takes our fancy, and which is, we think, worthy of imitation, because it shows with what a high hand he was accustomed to assert his authority in the sick room. He was not the man to allow social rank or women's whims to intervene between his patients and himself, and when called to the Duke of Beaufort, who was suffering from small-pox, he found that his Grace's life was jeopardised by the old-fashioned notions and meddling of the dowager duchess. Some altercation ensued between the old lady and the doctor, and the latter plainly told her that unless her Grace would consent to go home to Chelsea and leave the duke entirely in his care, he would "not stir one foot for him." This firmness had the desired effect. The duchess retired, and the sick duke recovered.

History repeats itself, and he who is acquainted with the biographies of our greatest physicians will have no difficulty in recognising that human nature is the same as it ever was. We have in the present day our Sydenhams, our Radcliffes, and our Fothergills. We have men who, like Sydenham, look at medicine mainly in its scientific aspects, who, like him, are loth from modesty to publish their researches, who are content to work on quietly and honestly, and who, though they fail possibly in accumulating wealth, leave to posterity an inexhaustible and inestimable treasure. We have, too, our Radcliffes—men who are distinguished more for shrewdness, common sense, and *savoir faire*, than for great knowledge or scientific attainments; men who know how to utilise the discoveries of others, and to put in practice — as Radcliffe practised what Sydenham had preached—those precepts which the promulgator probably lacked energy to enforce; men whose strength of character, like an avalanche, carries all before it, and who succeed in spite of everything and everybody. We have, also, our Fothergills—the men who not only love learning for learning's sake, but who recognise that in this world we have most high and sacred duties to perform; men who are ever ready to alleviate distress wherever it is found, who are ever performing "those acts of goodness which themselves requite," and are content "to follow virtue e'en for virtue's sake."

The road to fame which the consulting physician has to travel is almost always beset with thorns and difficulties, and it is very seldom that a physician can look back, as Sir Henry Holland could, upon a life of success unchecked and unalloyed by anxiety or misfortune. The candidate for consulting practice in the present day will assuredly discover that hope deferred maketh the heart sick, and, if he be not endowed with a plentiful supply of this world's good, will probably, ere his hopes be realised, become acquainted with poverty, and will learn by bitter experience that in this enlightened country pure science is a bad paymaster. When Dr. Admirable Crichton, the hero of a hundred college prizes, and the promising assistant-physician to St. Botolphs (whose income from teaching amounts to £100 a year, and whose practice brings him in possibly another £10), meets at the annual college dinner that old fellow-student and notable scapegrace, Tom Jones, the thriving practitioner from Pulmonia-super-Mare, who never opens a book, and who never did and never will know anything; and when Dr. Jones informs Dr. Crichton of his fast striding success and rapidly increasing income, it is but poor consolation for the latter to know that possibly (some thirty years hence) his time may come too.

Perhaps it is due to what Philosopher Square considered the "eternal fitness of things" that young physicians are compelled to go through a period of polite starvation; but whatever may be its cause, such invariably is the case. Unlike the junior consulting surgeon, he is debarred from assisting his seniors in their practice, and, in consequence of the absurd dead level of fees in all grades of the profession, he has no chance of succeeding (as young barristers have) as a "junior," for it is not to be expected that the public will seek his opinion when they know that the guinea which they would have to pay him will also buy the opinion of Sir Thomas Linacre, whose fame is co-extensive with civilisation.

While waiting till his spoke of Fortune's slow revolving wheel turns uppermost, the young physician is compelled to resort to those shifts which Crabbe has thus enumerated:

> "Young physicians write
> To set their merit in the fairest light;
> With them a treatise is a bait that draws
> Approving voices—'tis to gain applause,
> And to exalt them in the public view
> More than a life of worthy toil could do.
> When 'tis proposed to make the man renowned,
> In every age convenient doubts abound;
> Convenient themes in every period start,
> Which he may treat with all the pomp of art;
> Curious conjectures he may always make,
> And either side of dubious questions take.
> He may a system broach, or, if he please,
> Start new opinions of an old disease,
> Or may some simple in the woodland trace,
> And be its patron till it runs its race."

We think it is to be regretted that "original work" is just now considered the *sine qua non* of medical preferment; for the original theses are rarely of scientific value, and often serve to foster a mischievous craving after specialties, to the detriment of those sound "all round" acquirements which alone can make the really great practitioner.

"'Tis not for mortals to command success"; but if the young physician bear in mind the advice tendered to him by one of greatest living physicians, he will stand small chance of failing. "Only two things really deserve success. One is work, real work; and the other is, that it should be done loyally, with an earnest desire to know and feel the truth." With time comes advancement; he is made a fellow of the College; his earnest teaching at his medical school causes him to be borne in remembrance by many a grateful practitioner throughout the country. By-and-by he becomes full physician to his hospital, and, mayhap, he is quoted as a sound authority wherever the medical art is practised. Then, when time is just beginning to silver his locks, and he is wishing in his heart for some relaxation of his daily labours, he is suddenly caught up, as it were, in the whirl of practice. His consulting-room is thronged, and his prosperous butler is ever making appointments for "Wednesday fortnight." His well-known carriage, drawn by a pair of jaded bays, may be seen spattered with mud bowling along the London streets, and every post brings its requests for a consultation, perhaps in the neighbouring street, perhaps in the remotest corner of the British isles.

We cannot leave the subject of the consulting physician without a passing allusion to his paltry fee. The guinea was in vogue in Radcliffe's time and earlier, and we may safely say that a guinea in Queen Anne's time went at least twice as far as at present. Radcliffe, who was the most successful physician that probably ever lived, left behind him a fortune of near £100,000. In the present day the man who leaves a quarter of this sum is looked upon as a favourite of fortune. We really are of opinion that the time has come for regulating the fees. Suppose it were customary for members of the College of Physicians to receive a guinea, for fellows to receive two, and for members of Council, censors, presidents, baronets, and other magnates to receive five, would it not be better for all, increase the earnings of all, and tend to lessen those severe struggles which the junior has not unfrequently to undergo, and which, if they do not prove his ruin, have too often the effect of breaking his spirit?

# THE LANCET.

LONDON: SATURDAY, NOVEMBER 8, 1873.


To whatever causes the result may be due, whether merely to a fortuitous combination of favourable conditions or to the gradual operation of measures designedly taken, it is indisputable that during the years 1872 and 1873 the death-rate in England and Wales has fallen considerably below the average. In the three months ended 30th Sept. last the mortality was at the rate of 19·4 deaths annually per 1000 of the population, or 2 per 1000 less than the average rate for the ten previous corresponding quarters. Should an equally satisfactory return be presented for the current quarter, the lives saved throughout the whole of this year which would have been lost had the ordinary mortality-rate prevailed may be computed at not less than 40,000. It will not have escaped the observation of those who study the Registrar-General's Quarterly Returns that they afford evidence of greater and more successful efforts having been made to improve the hygienic condition of our larger towns than of the rural districts. Roughly speaking, out of our twenty-three millions of population, thirteen millions may be taken to represent the inhabitants of towns as distinguished from the remaining ten millions of rural population. The urban death-rate of the last nine months has been 2·2 per 1000 below the average, while the rural districts have only shared in the general reduction of mortality to the extent of 1·5 per 1000. Rural sanitary authorities have much to do before they will be able to bring their death-rate down to the healthy-district standard of 17 per 1000, which they ought to aim at as reasonably within their power of accomplishment. Of course we do not for a moment imply by what we have said that there is not abundant room for improvement in the towns. Looked at in detail, it is hard to understand why these should differ so widely as they do in their death-rates, unless on the assumption that the extent to which sanitary measures are carried differs also. Portsmouth experienced last quarter an annual death-rate of 17·5 per 1000; in Bristol the rate was 21·5; in Sunderland, 22·1; while in Newcastle-upon-Tyne it was 29·0. Is there anything in the constitution of the population of these towns as to age, sex, condition in life, or occupation—as to anything, in short, other than the manner in which their health requirements are provided for—which will satisfactorily account for the enormously greater risk under which the tenure of life appears to have been held last summer in Newcastle than in Bristol? We cannot but think that in this direction there is a large field of inquiry open to the Registrar-General which it would be well worth his while to enter upon. Can he give us no help, for example, in solving such a question "at once interesting and useful" as that which he himself propounds, as to "why diarrhœa is so fatal among infants at Leicester and Wigan, and why the infants at Merthyr Tydfil escape this fatality"? The Quarterly Returns in their present form bear witness to an amount of zeal and perception of usefulness displayed in their production for which we have nothing but praise. Nevertheless, we regard them as capable of further expansion in the direction of supplying promptly whatever information is derivable from the registration records which will throw light upon otherwise perplexing questions in relation to the incidence of disease, especially among the rapidly increasing population in the large towns. The last Return, adverting to the "continuance of the marked decline in the fatality of the principal zymotic diseases," shows that measles, scarlet fever, diphtheria, whooping-fever, and diarrhœa were all less prevalent, or at all events less fatal, than in previous summers; while small-pox in its epidemic form has "generally disappeared." Only 277 deaths from small-pox were registered during the quarter, which the Registrar-General thinks probably the smallest number that has occurred in any quarter since the beginning of the present century. And, on the whole, the Return, in its leading features, is of a character to encourage a good hope of what sanitary reform may be expected to do eventually in this country for the conservation of human life.

An amended Royal Warrant for the Army Medical Department has been published in the "Army Circulars" for the present month. It bears date the 23rd of October last, and our readers may peruse the document for themselves in another column. We cannot conceal from ourselves that Mr. Cardwell will have to experience some disappointment if he expects that the dissatisfaction existing in the Medical Department will be allayed by these concessions. They are of a very simple character, and two in number. The pay of a surgeon is to be 17*s.* 6*d.* a day after fifteen years' service, as heretofore; and those officers who were in receipt of forage before the 1st of March, 1873—the date of the last Royal Warrant,—are to be entitled to draw forage, or an allowance in lieu thereof, for the number of horses to which they were entitled according to the regulations then in force.

In regard to the clause restoring to medical officers 17*s.* 6*d.* a day after fifteen years' service, there is not much to be said. We regard this as a very questionable benefit to the department, after what Mr. Cardwell had explained in regard to his intentions that promotion to the rank of surgeon-major at fifteen years was to be made so as to include some medical officers under and some over that term of service. The War Minister can now, as it seems to us, exact the completion of fifteen years' service in all cases before promotion by length of service; and, what is more, there is nothing to bind any future Government in regard to Mr. Cardwell's expressed intention in respect of fifteen years being the maximum period of service in the junior rank; on the contrary, a future War Minister can point to the existence of this provision for a distinct rate of pay for medical officers unpromoted after fifteen years' service as a proof that no such intention ever existed, or was, at any rate, ever recognised. After Mr. Cardwell's explanations it was, according to our judgment, a short-sighted policy to have insisted on this point, and any injury that may accrue to the Medical Service in respect of it must now be accepted and made the most of.

It is, however, in regard to the forage that we deem

the amended Warrant illogical and unjust. The position we have all along taken up is a very plain one. If the authorities were, for the first time, going to lay down a guiding principle for the issue of forage, it would be perfectly right for them to rule that this and other allowances should be determined by duty, and not by rank; but this ruling is not in accordance with the terms held out by a previous Warrant, and it amounts to a breach of faith to make it apply to those who entered under another and different regulation. In making the concession that Mr. CARDWELL has done, he has distinctly recognised the existence of a valid ground of discontent, or we may be sure he would not have departed from a principle which he has publicly declared to be a sound one. As regards the class benefited, the concession will be received with entire satisfaction. That section of medical officers, however, who entered the service under the terms of the Royal Warrant of 1858, but who were not drawing forage before the 1st of March last, will naturally contend that the very section which has the strongest claims on the Government in this respect have been excluded from participating in this concession, and that the Government has not kept faith with them. They may, and doubtless will, argue that, as the Government has thought fit to revise the terms of the contract under which they entered the service adversely to their interests in one case, there is no reason why it should not be done in another—in the matter of pensions for example. A spirit of distrust is engendered in every existing Government and War Minister. The members of the present Government have made a good deal of capital out of Mr. DISRAELI'S epigrammatic expression about "plundering and blundering," but it is not altogether unwarranted as regards the medical officers of the army. Not a word is said in this amended Warrant about the case of medical officers attached to regiments but removable from them every five years. Are these officers to have relative rank—which, be it remembered, rules the choice of quarters and other things on which a man's comfort very materially depends—according to the date of their commissions, or according to the date of joining the regiments to which they are attached? We can only repeat what we have so often said before, that Mr. CARDWELL has lost a great opportunity. With a little more generosity towards those already in the service, and a little more decision in fixing the responsibilities and powers of the Medical Department, he might have rendered the State an essential service, increased the efficiency and raised the prestige of the medical branch of the army, and effected a material saving at the same time, without, we verily believe, damaging the prospects of any medical officer at present serving. Like an unskilful gardener, he has pruned his vine at the wrong season and in the wrong places, and he must not be disappointed if the fruit of his labours turns out to be a crop of grapes that will "set the children's teeth on edge."

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A GLARING instance of the tenacity with which the enlightened British public cling to the weaknesses and follies of pet "institutions" occurred at a meeting held under the presidency of the Lord Mayor in the Egyptian Hall of the Mansion House on Thursday, the 30th ult. The subject matter of this meeting has been very fully and ably described and discussed in the columns of *The Times* and elsewhere; but we consider it a duty to supplement these records, and to raise our voice most loudly in the cause of reform, inasmuch as few sections of the community have had, directly or indirectly, more experience of charitable elections than medical men, or, as we believe, are more fully alive to the vices of the existing system. A large proportion of the thousand and one "touting" cards posted annually in the so-called cause of charity contain the names of one or more members of our profession; and we believe that, in thus good-naturedly assenting to a request for aid in this form, they are assisting, in a negative sort of way, to perpetuate a serious evil. Most of our contemporaries have given categorical instances of the sad waste of money occasioned by the canvass, amounting, in some cases, to as much as nine times the pension eventually obtained. It is within our cognisance that, not long ago, a sum of £200 was expended in gaining a pension of £25; which latter sum represents less than the annual cost of a pauper in one of our metropolitan workhouses. Many of our readers are conscious of having, merely as one among many supporters of a candidate, spent, in postage alone, sums varying from £10 to £20, exclusive of the multitude of stamps frittered away in the same cause by enthusiastic wives and daughters. The objectionable peculiarities of the system reach their climax on the day of election; and anyone ignorant of the matter, and desirous of substantiating our statement, should visit the room used for polling purposes, escape as best he may being torn in pieces on the staircase and at the door by a crowd of importunate persons, who are prepared to beg, borrow, or (as a last resource) buy anything whatever that you may chance to have about you in the shape of a vote. There are certain persons (whose numbers appear to be increasing annually) who may be seen at all these elections, their pockets crammed with proxy-papers of all descriptions. They appear to have no other occupation, are well known to each other, and are, we may suppose, usually employed on certain terms to conduct the election of some particular candidate. It appears, indeed, that, as with brokers in a London auction-room, no independent person has a chance. We fancy that few of the many distinguished members of our profession whose names are on so many canvassing cards, can ever have looked in at one of these polling-places, or watched the odious trafficking in charity carried on under the cloak of so-called philanthropy. The race here, indeed, *is* always to the swift and the battle to the strong, but *not* always to the poorest or most eligible. The inditing of canvassing cards is now an art, and great skill is exercised in their composition. The few voters (and they are very few indeed) who deliberately exercise their right, and really examine the begging papers received, can thus form no sound judgment whatever as to the eligibility of any individual candidate. We know, again, that many have ceased to subscribe to charitable institutions because they are so worried and pestered with repeated applications for support in various forms; others, again, send their votes to the first bidder; and many make promises of future support which are forgotten before the next election occurs, thus causing disappointment on the one side and vexation on the other.

The result of the Mansion House meeting shows that there is a very strong party determined, if possible, to uphold the present system, the evils of which were so tersely and emphatically indicated in the written testimony of Mr. and Mrs. GLADSTONE, Lord SHAFTESBURY, Lord SALISBURY, and others. But the opponents had better in the first instance take their stand mainly on financial grounds, for the warmest advocates of canvassing and touting cannot deny that a vast amount of money is expended, most of which, instead of benefiting the candidates, finds its way into the coffers of the Postmaster-General. The evil is patent, but the remedy at first sight does not appear to be very plain. The reformers must take time for consideration, and make their plans with more definiteness before coming again to the attack. It will not do to entrust the elections to a small and permanent corporate body of subscribers or governors, because we believe that in this way the dangers of direct jobbery would be worse than the system which we now so superlatively condemn.

THE tendency of modern surgery is undoubtedly to become more and more conservative—conservative in the good sense of preserving life and diminishing suffering. Although it is not possible to dispense altogether with the knife, yet its use has been curtailed in many directions of late, and the most recent innovation has robbed the majority of operations on the limbs, and especially the great amputations, of the whole of the sanguinary horrors which surrounded them, whilst directly favouring the recovery of the patient by preserving several ounces or even pounds of his vital fluids. The ancient method of simply constricting a limb, with the view both of arresting the flow of blood and benumbing the nerves, was improved upon by PETIT, who, in the early part of the eighteenth century, originated the tourniquet which still bears his name. This tourniquet has never, however, been perfectly satisfactory, for the reason that the constriction of the veins it induced gave rise to considerable loss of blood from the engorged vessels; and it was with the view of obviating this mischance that the instruments of SIGNORONI and SKEY were introduced. LISTON, who prided himself on the rapidity of his amputations, never employed a tourniquet, preferring the pressure of an assistant's hand on the main vessel at the moment of the operation; and both he and other writers have condemned the use of the instrument on account of the venous hæmorrhage.

It was only in 1860 that the most formidable of all the amputations—that at the hip-joint—was rescued from the fatality which seemed almost always to attend it by the introduction of the abdominal tourniquet—an invention due equally to Professor PANCOAST and Professor LISTER. Previous to that date the surgeon had either trusted to the hands of his assistants, who grasped the flaps to arrest the flow of blood, or had to lay aside the knife, after fashioning one flap, in order to secure the vessels before proceeding to complete the disarticulation. It is curious, in the light of our present knowledge, to come across an account of an amputation performed in the latter manner fifty years ago by no less able a surgeon than Sir ASTLEY COOPER, and to find a surgical critic of that day upholding a method which prolonged the agony of the operation for some twenty minutes against the former proceeding adopted by Mr. SYME about the same time, while sharply criticising the statement that Mr. LISTON was able to pass his fingers beneath the flap and control the femoral artery, the disarticulation being accomplished in less than two minutes!

The method of ESMARCH is but a scientific expansion of the old plan followed by many surgeons of raising limbs or tumours before removal, in order to drain them of their blood. The Indian surgeons who have removed the enormous scrotal growths met with in hot climates have long insisted upon this practice, which has very great advantages. Few surgeons nowadays would recommend loss of blood as a salutary accompaniment of any large operation, and though we have heard the doctrine enunciated that preliminary bleedings are advisable prior to the removal of large ovarian tumours, we know of no facts which can be brought forward in support of the practice. To operate *cito, tuto, et jucunde*, has long been the surgeon's aim, and to have a bloodless, or wellnigh bloodless, proceeding would seem an element strongly in favour of the last requirement.

# Medical Annotations.

"Ne quid nimis."

## ANOTHER DEFECT IN THE CONSTITUTION OF THE GENERAL MEDICAL COUNCIL

A FEW weeks ago we directed attention to the conspicuous absence of distinguished surgeons in the General Medical Council, and expressed a hope that the Crown, in its nominations, would remedy this defect. This week we publish a letter from a correspondent—who, by the way, would not have diminished the effect of his communication by appending his name—directing attention to the equally conspicuous absence of eminent obstetricians. This defect has been pointed out before, though it has met with little attention. There can be no doubt that it is real and ought to be removed. Medical practice is inevitably divided into the three great branches, medicine, surgery, and midwifery. Any incompleteness of education in these branches is felt severely by the public. It is easy to sneer at the ordinary practice of midwifery as a thing for the old women of both sexes; but the time has gone by for doing so. Humanity and the honour of the medical profession are deeply concerned in carrying still further the art of obstetrics, and reducing still more the mortality of parturient women. Enough has been done already by obstetricians to justify them in claiming a more decided recognition both by the colleges and the Crown. There can be no doubt that the subject of midwifery should occupy a much more important place in both medical education and examinations than it does, and that it is not likely to be accorded such a place till its claims can be stated by one who has special knowledge and can speak with special authority. Our correspondent despairs of help in this matter from the colleges, which are monopolised, he says, by pure physicians and surgeons, and looks to the Crown for redress. The Crown nominations are very limited, but they are surely meant to counteract the effects of college monopolies and narrownesses, and to make the Council complete as a Board of Medical Education. We must still insist on the absence of a sufficiently authoritative exponent of the claims of surgery in a proper system of medical education as the most urgent

fault to be remedied by Crown nominations, but undoubtedly the nomination of a good obstetric teacher and practitioner would be approved by the profession, and greatly advantageous to the public.

## EDINBURGH AND GLASGOW MEDICAL SCHOOLS.

On Monday, Principal Sir Alexander Grant at Edinburgh, and Principal Caird at Glasgow, opened the winter session of their respective universities. "About the middle of last session," said Sir Alexander, "it was observed that in one sense the university was not behind the times, for the number of students then amounted to exactly 1873!" By the end of the session there were 1906 matriculants—the largest total number on the rolls since the year 1826. The immediate increase on the preceding year is due entirely to the accessions to the Faculty of Medicine. During last session that faculty numbered 782 students, of whom 180 graduated in various degrees. "We have thus," said Sir Alexander, "within the University of Edinburgh by far the largest and most important medical school in the United Kingdom." Edinburgh, however, must look to her resources if she is not to encounter the fate of Saturn, and be devoured by her own academic progeny. Owens College, at Manchester, for instance, not only numbers Edinburgh names in her professoriate, but boasts the best chemical laboratory and theatre in Europe. Inferior to some of her offshoots in medical accommodation, Edinburgh is still more so to her rivals in Germany, such as the University of Leipsic, which has been furnished with complete accommodation for scientific teaching in its latest forms, and has had her reward in seeing her students increase from about 500 to about 2500. Berlin has added greatly to her academic buildings. Bonn only last year witnessed the completion of a new and splendid anatomical theatre, and Prague has received from the State £42,000 for the erection of theatres and laboratories for chemistry, anatomy, and physics. Compared with these splendid foundations the medical school at Edinburgh appears, as Sir Alexander said, "like Cinderella"; but we have little doubt that local and national munificence will step in before the "grey metropolis of the North" loses her old academic prestige.

On the same day the Royal College of Surgeons at Edinburgh opened its winter session with an address from Dr. G. W. Balfour. After drawing a parallel rather obvious in its conception, though worked out cleverly enough, between the Hippocratean clinic and that of the present day, Dr. Balfour concluded by a series of practical hints to the students. The Edinburgh College of Surgeons resumes her curriculum under favourable auspices, with Dr. Bell Pettigrew in the chair of Physiology, Dr. Grainger Stewart in that of Systematic Medicine, and Drs. Clouston and Batty Tuke in that of Mental Disease.

## THE MEDICAL SOCIETY.

There was a good gathering of the Fellows of this Society on Monday last, when Dr. Berkart read a paper "On the Nature of so-called Bronchial Asthma." He considers that the majority of such cases depend upon a diminished contractility of the lung-substance, which necessitates an abnormally extended period of time before the lungs can recover from a state of extreme inspiration, into which he believes they are thrown during the attacks. Moreover, he believes that bronchial asthma usually occurs in a condition of the lungs which, whilst following some catarrhal affection, precedes an emphysematous change. Dr. Berkart stated that his own observations supported and, to his mind, established the correctness of this view of the disease. The paper was well discussed, but nothing that fell from any speaker, save the author, tended to shake the theory which explains the phenomena of the disease as depending upon a spasmodic contraction of the muscular fibres of the air-passages.

Dr. Semple exhibited a patient with a pulsating thoracic tumour, which appeared to be aneurismal.

Dr. Routh showed some specimens taken from a highly interesting case of calculi impacted in the kidney. The patient, who had been under his notice for twenty-five years, had at one time suffered from paralysis, a fact which elicited an inquiry as to what connexion may exist between renal irritation and cerebral mischief; the possibility of some such connexion having been suggested by certain observations with the ophthalmoscope. The discussion upon this case was adjourned till next Monday, when it is hoped that Dr. Symes Thompson will bring forward a case of scrofulous kidney, in the event of which a practical discussion is anticipated, as an opportunity will then be afforded for drawing comparisons and noting distinctions between these two forms of renal disease.

## DISEASES OF THE DEAF AND DUMB.

We lately visited the well-known Asylum for the Deaf and Dumb in the Old Kent-road. We were taken into every part of the institution by the principal, the Rev. James H. Watson, M.A., and were, on the whole, favourably impressed with its management. It appeared to us that a little more liberality of diet would be beneficial to the children, and even economical. The medical officer of the asylum is Mr. William Hall Turner, of Bermondsey-square, who supplied us with some interesting facts regarding the health of the children. During the six years ending 1873 there was an average of 164 boys in the institution and of 104 girls. In each of the first three years there were, respectively, among the boys, 3, 1, and 3 deaths; in the last three years there were no deaths. In the same years, among the girls, the deaths were respectively 0, 0, 1, 1, 0, 0. This is a creditably low mortality, especially when we consider that there was an epidemic of scarlatina in the schools in 1869. There were no deaths from it. It is instructive to notice the cause of the nine deaths that occurred in six years with an average constituency of 268. Phthisis caused 4 deaths; tubercular meningitis, 4; pericarditis, 1. This mode of death would seem to point to the existence of a scrofulous or tubercular element in deaf and dumb children, which we were led to suspect from the cursory examination of them we were able to make on the occasion of our visit. The indications of congenital syphilis in the children were decidedly not marked. As to the causes of deafness, we have been favoured with the following statistics by Mr. Turner:—Of 207 boys, deafness was congenital in 140, and attributed to scarlet fever in 14, to fits in 7, to a fall in 7, to teething in 6, fever in 10, brain fever in 3, abscess in the ear in 3, measles and scarlatina in 2, cold 2, whooping-cough 2, small-pox 1, bronchitis 1, effusion of blood in brain 1, water on brain 1, diphtheria 1, fright 1, cause not known in 5. In other words, of 207 cases, deafness was congenital in 140, and due to various other causes in 67. Of 131 girls, deafness was congenital in 92, caused by scarlatina in 6, by fits in 3, by falls in 5, by teething in 5, by fever in 8, by measles in 1, by brain fever in 5, by whooping-cough in 1, by paralysis in 1, cause unknown in 1. The large amount of congenital deafness which abounds in a few families is a noticeable point. There is an affiliated school for the children at Margate, which, by a late decision of the managers, is to be enlarged and improved at a cost of £10,000. There has been some difference of opinion as to the suitability of Margate for the children, some averring that it is not adapted to them. We

were lately enabled to visit the Margate branch, and satisfied ourselves that the children there are both happy and healthy under the care of the able and kindly surgeon, Mr. William H. Thornton. No doubt in winter they need special means of warmth, and, perhaps, as in the London institution, a little more liberality of diet. The amount of milk in both schools needs to be at least doubled. For resisting outbreaks of the scrofulous diathesis which we have seen to predominate, the important points are good food, fresh air, and warm clothing. We have said nothing as to the mode of teaching, which is the old method of teaching by the hands. A few boys could follow lip-teaching very well, but Mr. Watson is of opinion that it is not applicable to children of the class whose benefit is contemplated in this institution.

## THE POLICE AND THE PUBLIC.

THE recent police scandals are more serious than would at first sight appear. It is only because "the active and intelligent officers" have been fortunate enough—if we may be allowed the expression—to lock up within a very short period several gentlemen of high social standing that the internal rottenness of the force has been exposed. Organised false swearing and perjury are apparently matters of frequent occurrence, and, judging from recent incidents, probably occur daily. In these columns we have often denounced the recklessness and sometimes the cruelty exhibited by the police in locking up as drunk those who have been seriously ill or even dying. Aided by the light thrown on the administration within the police-station as detailed in Mr. Belt's excellent and temperate letter to Her Majesty's Chief Commissioner of Police, which appeared in *The Times* of the 4th inst., we can now understand how so many persons die in the cells. How could it be otherwise when inspectors and sergeants and even common police presume in cases of supposed drunkenness to be "better judges than any doctor could be on the subject, having greater experience," and only send for a doctor when a person is "too drunk to stand or be conscious"? The police authorities may boast of the excellent regulations for the medical attendance of their prisoners; but if, by the disregard of these, the power of discriminating between coma or stupor after fits and intoxication be left to ignorant and presumptuous officials, the regulations are rendered utterly useless. If the guardians of the public peace mistake the just indignation of intelligent and cultivated gentlemen for intoxication, how much more likely are they to be mistaken in the case of poor, ill-clad, and less intelligent persons who are dull and stupid from serious illness! The possible extent of the grievance looked at from this point of view is incalculable. The numerous reports in the columns of the daily papers afford sufficient proof that shocking and often wanton mistakes of this kind occur every week. It is high time that the matter was properly and fully considered; and no more pressing subject could engage the attention of our legislators in the ensuing session than the police administration of London.

## SCIENCE IN ROME.

THE Vestal Virgin of science has ascended the Capitol, but, this time, without the Pontiff! On the 20th ult., coincidently with the expulsion of the Jesuits from their colleges and religious houses, the Italian Association of Men of Science held its first meeting in one of the halls of the Capitol. The twofold event is full of significance. The Church has always repressed science in Rome—"ignorance is the mother of devotion" being the rubric to which she has ever held faithful. At length, however, Galileo and Lancisi will again count successors in the Eternal City. The Italian Association of Men of Science has had a stormy time of it, in sympathy with the struggle for civil and religious freedom in the peninsula. Inaugurated in 1837 by the Grand Duke of Tuscany (twenty-five years before France had followed the parent movement in England), it fell under the ban of Pope and Bourbon alike, who saw in it the foster-mother of revolution. In spite of police restrictions and other proofs of the dislike with which it was viewed, its meetings gained in attractiveness every year till, in 1846, favoured by the early liberalism of Pio Nono and Charles Albert's ill-will to Austria, it celebrated the centenary of Balilla's throwing off the German yoke in the Ligurian capital. Thanks to Piedmont, it outlived the reaction of 1848; and in 1859–60 it shared in the national jubilee it had assisted in consummating. Rome, proclaimed as the capital in 1861, was to be the scene of its reunion in 1862; but the Vatican, countenanced by Austria and France, frustrated the attempt. The storming of the Porta Pia in 1870 rendered possible the long-cherished design, and, under the appropriate presidency of the venerable Count Mamiani, formerly Prime Minister of Pio Nono during his short-lived constitutional reign, it met on the 20th ult. in the capital. One hundred and fifty was the muster of members—not a numerous one, but counting the most distinguished statesmen and *savans* in the kingdom. Donati had but lately fallen a victim to cholera, but his science was adequately represented by Padre Secchi, who still clings to the Society of Jesus. Medicine had also her worthy votaries there, true successors of Lancisi, Morgagni, Scarpa, Tommasini, and Rasori. Commanding, as their place of meeting did, the irregularly-constructed city, with its unwholesome purlieus and its fever-haunted Campagna, they cannot but have remembered the task bequeathed to them of restoring health to the population and fertility to the surrounding country. The two achievements will be coincident, and we shall look to the *renaissance* of science in Rome for the fulfilment of what to Lancisi was a dream, and for the solution of a problem which to his successors was insoluble.

## THE SICK FROM THE GOLD COAST.

ASSUMING that the campaign against the Ashantees really comes off, a very important question arises as to the disposal of the invalids. The principal diseases will be fevers and dysentery. No doubt can be entertained as to the necessity that exists for the speedy removal of patients suffering from diseases incidental to the Gold Coast to some other latitude. Surgeon-General Dr. Gordon, speaking from an intimate acquaintance with the soldiers' feelings on the subject, has expressed, in a communication to this journal, his strong opinion that all the invalids should be sent to this country, and, speaking generally, we agree with him; but there are sure to be cases of disease which could not with impunity be exposed to our winter and the discomforts of a voyage at an inclement season. Patients suffering from malarious fevers or from dysentery are injuriously affected by cold, especially the latter. We think the Government would not be warranted in omitting to make some provision for such cases as were unfit, for medical reasons, to proceed home. With regard to the best position for a sanatorium, a great many places have been suggested. Ascension, St. Helena, the Cape of Good Hope, Teneriffe, Madeira, Gibraltar, and Abude, a healthy and elevated position on the Gold Coast, have all been named. Some objection or other may be urged against one and all of them. At Ascension, the hospital accommodation and supplies would be of a limited character. St. Helena, although healthy, is out of the way and in the tropics, and any invalids sent there would, we suppose, have to remain until the end of the campaign. The Cape of Good Hope possesses

a good climate and ample hospital accommodation, but it is open to the objection that it is away from, instead of being on, the route to England. Madeira possesses many obvious advantages. It is in the direct line of steam communication, and all the packets from the Cape of Good Hope and West Coast of Africa touch there; and the climate is a genial and suitable one. The winter at Gibraltar is pleasant, and, we should think, well suited to patients from the Gold Coast; and the rock is, moreover, within a week's voyage of home, and possesses a large military hospital with accommodation in excess of the requirements of the garrison. On the whole, then, we think that all cases of sickness in any degree serious should be sent away from the Gold Coast whenever practicable; that the majority, probably, might proceed home, and that, of the remainder, some might be sent to Madeira or to Gibraltar in preference to the other places that have been named.

## THE WHALE OF JONAH.

A somewhat lively discussion has recently arisen in the Brussels Academy of Sciences in consequence of a flippant observation of M. E. v. Beneden. This naturalist, who is the Professor of Natural History at Liège, presented to the Academy a report on the zoology of an expedition he had made to Brazil. In a note, he referred to the difficulty he had experienced in obtaining a dolphin, owing to the superstitious reverence in which it is held by the fishermen, and he then proceeded to remark that, "according to an old belief widely spread in Europe, dolphins were accustomed to bring to the banks of rivers any dead human bodies they found floating down them. The *fable* of Jonah reproduces this popular belief. Pliny describes the same thing. In the treatise of Ælian it is stated that dolphins are devoted to the human species, and will bring to the bank a dead infant. The same fact is the subject of a group in marble attributed to Raphael." After M. v. Beneden's report had been read two members of the Academy, M. Henry, the chemist, and M. Gilbert, the mathematician, both professors in the University of Louvain, addressed a very lively protest to the president, declaring that the term "fable" applied to the adventure of Jonah was an offence to the religious convictions of Catholic members of the Academy, and desiring the Academy to stigmatise the expression as exceedingly improper. M. v. Beneden's antecedents, it is stated in the *Revue Scientifique*, from which we extract this account, are good, since he is the son of a Catholic, M. P. J. v. Beneden, and was nominated to his present post by a Catholic minister, M. Pirinez, whilst he has never mingled in the politico-religious contests of his country. In effect he simply stated that he did not believe a man could live three days in the belly of a whale. The perpetual secretary of the Academy, M. Quetelet, wisely omitted to read M. Gilbert's letter, but M. Gilbert insisted on its being read. This done M. Beneden rose to reply, but was immediately stopped by M. Gluge, the president, who observed that the academicians were at perfect liberty to insert their opinions on their own personal responsibility into the *Bulletin*; that to state an opinion or a doctrine could do no harm to others who thought differently; that no evil intent could be in this instance attributed to M. v. Beneden; that it was a primary duty of members of the Academy to respect the intellectual liberty of the members; and, finally, that the observations of MM. Henry and Gilbert if accepted or supported by the Academy would cover it with ridicule. After some observations by M. Selys-Longchamps, and an attempt to speak on the part of M. Gilbert, a resolution to pass to the order of the day was unanimously adopted, and forthwith MM. Henry and Gilbert sent in the resignation of their seats. The affair has given rise to a violent expression of feeling on the part of the Catholic press in Belgium, which maintains that if such attacks on the fundamental facts of Christianity are tolerated by the Academy, all the Catholics have but one duty to fulfil—that, namely, of resigning their seats.

## RAILWAY ACCIDENTS.

The recent conviction for perjury of a former plaintiff in an unsuccessful action against a railway company will not improbably act as a wholesome check upon some of the grossly exaggerated claims for personal injury occasionally brought before courts of law. In the interests of the profession it is always to be regretted when medical men allow themselves to be involved in such cases, but we are glad that, in the case alluded to, a prosecution against the surgeon who had attended the plaintiff was abandoned for want of evidence to prove more than indiscretion. The case, however, is an important one as illustrating the difficulty in which the medical advisers of railway companies are not unfrequently placed. They appear to have come to the conclusion at a very early period in the history of the case that the active treatment to which the plaintiff was being submitted was injudicious and not calculated to favour his restoration to health; but they do not appear to have felt at liberty to say so either to the doctor or his patient. Everyone knows how difficult it is, even in the most friendly consultation, to avoid giving offence if two opinions do not entirely coincide; and it is obvious how much *more* difficult this would be when the consultees are nominated by "the other side," and are regarded more or less unfavourably by the patient and his friends. Still the fact remains that the company, though in possession of a report pointing out the necessity for a change of treatment, was powerless to interfere; and the consequent scandal of diametrically opposed medical evidence, followed by the appearance of the plaintiff's medical and legal advisers at a police-court on several occasions, resulted. We submit that, in the interests both of the patient and the company, and in order to avoid professional scandals and heart-burnings, there ought to be some power of submitting difficult and doubtful cases to an independent medical tribunal at an early period, for the purpose both of determining the amount of injury and the treatment to be pursued. In the case we have referred to all the parties involved seem to have suffered injury for want of some such power, which, if not already able to be included in a "judge's order," should be asked for from Parliament as soon as may be.

## PAVEMENT.

It is much to be regretted that the Metropolitan Board of Works does not see fit to take the important matter of paving into its own hands. At present the various vestries are allowed to work their own sweet wills, and to lay that sort of pavement in their respective parishes which seemeth to them best. The result is that the metropolis is becoming a sort of museum of paving processes, most interesting to engineers and others, but somewhat perplexing to the unfortunate horses who have to traverse our patchwork thoroughfares. A horse's movements being entirely automatic, and it being certain that the horse as a rule exercises a minimum amount of intellectual control over his legs—at least while grinding along the London streets,—it becomes important that the medium upon which he is required to run should at least be uniform. We have little doubt that a horse might be taught to travel with safety upon any surface, soft, hard, smooth, or rugged; but it is not to be expected that any animal with its head trigged back by a bearing-rein, will accommodate itself at once and without warning to wood, macadam, paving-stones, asphalte, iron,

or such other paving material as our vestrymen may select. Two things seem to us essential—(1) That the pavement should be as far as possible noiseless; and (2) that it should be uniform in character throughout the metropolitan area. We have little doubt that one cause at least of the numerous accidents which happen to horses and carriages is the frequent change which is encountered in the pavement. Shoes, too, which may suit admirably for macadam may be as unsuited for asphalte as ice-nails for a ball-room. With regard to the material we will not presume to speak, but it is evident that no form of smooth pavement in London can possibly become popular until our machinery for keeping it constantly washed and clean is vastly improved. Asphalte has the advantage of extreme durability, and is probably more noiseless even than wood. In point of noise, macadam, even when laid with the aid of a steam roller, is not much less objectionable than ordinary paving, and has the further inconvenience that the street is more frequently "up."

Wood is coming into vogue in many places, and here and there a patch of this latest form of paving is to be found. Sidney Smith used to say, with regard to the question of wooden pavement in Cheapside, "That the vestry had only to lay their heads together and the thing would be done." We only wish the metropolitan vestrymen would take the hint, and give us uniform wood, if nothing harder. We have often insisted upon the hygienic importance of abolishing noise as much as possible. We in London have got accustomed to the eternal roar, but we believe that one element of great importance and of immense therapeutic value in our autumn holidays is the "grateful calm" which we encounter on the Scotch moors or in the Swiss valleys. Noise is the greatest of all "nuisances," but no Act of Parliament has as yet been devised for protecting us from it.

## LITHOTOMY EXTRAORDINARY.

WE were requested to publish in our last issue a notice that Mr. Gutteridge, of Birmingham, would demonstrate lithotomy by his own method and peculiar instruments at St. Peter's Hospital, on the 3rd inst., but we declined to do so, on the grounds that the institution in question had never been fully recognised by the profession, and that the unusual method of issuing cards to medical men requesting their attendance had been adopted. For Mr. Gutteridge himself we have the greatest respect as an enthusiastic and able surgeon, who has to a great extent sacrificed his own pecuniary interests in order to forward the operation for which he is noted; and it is for this reason alone that we record the fact that on Monday last he demonstrated his operation on the person of a lad of seventeen, in the presence of some fifty gentlemen, with complete success.

Mr. Gutteridge repeatedly demonstrated the method of using his instruments in the Museum of King's College, at the recent meeting of the British Medical Association in London, and it is probably not unknown, therefore, to many of our readers. It is essentially Cheselden's lateral operation performed on a staff which has the peculiarity of having its groove roughened, so that the surgeon can feel the knife grate along the staff into the bladder. Mr. Gutteridge performs the operation in the kneeling position, and with a scalpel, to the handle of which a cystotome is attached, so as to avoid changing the instrument if enlargement of the incision is required. A large director fitting the fore-finger is used as a blunt gorget to guide the forceps into the bladder, and the stone is extracted with forceps which have the peculiarity of a second pair of handles attached by watch-springs, by which effectual traction can be made with the left hand while the stone is merely grasped by the right, thus avoiding undue pressure on a very friable calculus. Mr. Gutteridge's success has been great, we believe, and he has been singularly honest in his avowal that he has three times cut a patient without finding a stone. He purposes, we understand, to embody his experience in a work, which we shall be happy to notice impartially at the proper time, but we regret that he should not have appeared in London under more favourable auspices.

## NORWICH FRIENDLY SOCIETIES' MEDICAL INSTITUTE.

WE are favoured with a letter from the president, vice-president, and secretary of the above institute, and with a copy of the first annual report. About two years ago, according to the letter we have received, the medical men attending the clubs of Norwich made a "peremptory" demand for higher rates of remuneration. Had the demand been made in a "conciliatory" spirit, says the letter, it would, in all probability, have been complied with. But being made in another manner, it produced a feeling of grievance and resistance on the part of the various friendly societies, who resolved to amalgamate and appoint their own medical man. This they did, and appointed also two consultees, who, on being consulted in cases of urgency by the surgeon, should receive a guinea per consultation. This detailed statement is made to us with the view of refuting a letter which lately appeared in our columns regretting the growth of the gratuitous and provident system and the existence of clubs in Norwich, maintaining that they ruined medical men. Before we can believe that the medical men acted harshly or peremptorily in making a reasonable demand for higher terms, we should like to hear their own account of the rupture between them and their clubs. It is easy for clubs, when their medical men make such demands, to get a stranger, or a comparatively young man, to take the work at a small figure; but the wisdom of this course has yet to be proved by a larger experience than the Norwich Institute has. We always urge that demands for higher rates of payments be made gradually, and in a spirit of conciliation. But the prime question for the clubs to determine is, are such demands just, and, if so, to grant them at once and cheerfully. The surgeon's salary for attending 3145 members and 823 wives and families is £255—an entirely inadequate sum. The arrangement is further disadvantageous to the Institute as giving them only one medical man in ordinary circumstances, instead of a staff from which members might choose their medical attendant. We gather, indeed, from the letter sent us that the members aim at having a staff. We note with pleasure the payment of a fee in cases of consultation. This is the first instance, as far as we know, of such a rule in such an institution.

## THE ETIOLOGY OF DISEASE.

Too little attention is paid at the present day in the schools and at the bedside to the geography of disease, and there can be no doubt that it should occupy a prominent place in the instruction given by our hospital physicians. We are led to recur to this subject by finding that the Medical Director-General of the Navy has, in his last annual report, very usefully supplemented much valuable information by introducing maps of each and every station occupied by our ships of war. A careful comparison of the statistics of disease with the localities in which they prevail can thus be made almost at a glance, and should not only assist to prepare junior officers sent for the first time to any particular foreign station, but help the diagnostic skill of the consulting physician at home in dealing with many clients who come to him from abroad suffering from chronic and often obscure diseases. We suppose that no

better field for gaining special information of this kind exists than the Seamen's Hospital at Greenwich. Busk, Budd, Stephen Ward, and many others have gleaned most of their special experience from this hospital, and it is well known there that, in a diagnostic difficulty, information as to where the ship came from last, and in what lines of vessels the patient has usually sailed, very frequently clears the way. But in a more restricted sphere this variety of knowledge ought to assist us. The officers of Mr. Simon's staff have already done much to show that certain diseases affect particular localities in the United Kingdom, on account of climatic or other causes. And one of the most important duties of the preventive staff of medical officers created by the Public Health Act of 1872 will be to aid the central staff in preparing a map or tabular statement that shall exhibit at a glance the special maladies to which the inhabitants of each and every sanitary district are prone, as distinguished from those to which they are liable.

## THE AFRICAN SERVICE.

We are at present engaged in what has been termed "a doctors' war," in consequence of the pestilential character of the West Coast of Africa rendering a campaign in that country peculiarly dangerous to the health of our troops. Not only have the heads of the Medical Service displayed much zeal in making their preparations, but the medical officers have shown no lack of courage and enterprise in volunteering for the work to be done. Of all times, then, this is the worst chosen for setting up irritating and invidious distinctions. By the terms of the Warrant, "Officers who may enter the Army Medical Department expressly for service on the West Coast of Africa, and those who may volunteer for that service from the general department, *after the date of this Warrant*, shall receive double pay whilst actually serving on the Coast." This seems clear enough; but the Control Department have specified certain medical officers, who had volunteered from the general department for Coast service before the date of the Warrant, as being entitled to draw double pay, while those who entered expressly for this service before the date of the Warrant are excluded from benefiting pecuniarily by its provisions. The reason that we have heard assigned—we know not whether rightly or not—is that the latter class of officers, having entered under different circumstances as regards competitive examination, have not the same claim on the Government as those who volunteered from the general service for that of the Coast. This is not the time for these distinctions. Experience acquired on the spot is of great value at the present juncture; and it is to be hoped that all will be treated alike, otherwise great discontent must, in the nature of things, be expected to prevail.

## THE GALVANIC WIRE IN SURGERY.

Do British surgeons avail themselves sufficiently of this mode of bloodless section? This may be doubted, and when we seek for the reason we shall soon find that it lies principally in the trouble with which the use of the wire is connected. Now, however, that bloodless operations have become popular, it behoves all those who are conversant both with galvanic apparatus and surgery to devise means of simplifying this operative measure. A few days ago Prof. Boeckell, of the faculty of Nancy, showed, at a meeting of the Surgical Society of Paris, an apparatus with which he can graduate the force of the current, and remove tumours without shedding a drop of blood. M. Trélat, at the same meeting, spoke in favour of the instrument, but found fault with its complicated appearance, and brought forward one made by M. Trouvé, and modified by M. Onimus, which is simple and acts very satisfactorily. There are a great number of operations in which the wire cautery should be used, so as to save the patient loss of blood. As Esmarch's method can only apply to the limbs, we ought to see that operations on the head or trunk be performed, when advisable, by the galvanic cautery, which promises to be almost as saving of human blood as Esmarch's proceeding.

## MEDICAL OFFICER OF HEALTH FOR DERBY.

We have often felt constrained to comment in severe terms on examples of extreme parsimony and meanness exhibited by corporate bodies in the treatment of medical men holding appointments subject to their jurisdiction. One of the worst cases, however, that has ever come within our cognisance is that now agitating the profession in Derby. Like other towns, that ancient borough has found itself compelled to appoint a medical officer under the Public Health Act, and accordingly the sanitary authorities lately advertised for a candidate to perform the duties of the office. It is almost incredible to find that the terms offered in the advertisement for a qualified and trained man to carry out the onerous and responsible functions of health officer, in a town with a population of 50,000, was the munificent sum of £20 per annum! Even on no higher ground than the law which regulates commercial relations and obligations it is really startling to find a body of presumably intelligent men—certainly representative—constituting the town authority so unjust as to offer the paltry sum named as payment for the laborious and skilled service required in carrying out the provisions of the Public Health Act. We are glad to find that the profession in Derby have already denounced the insult attempted to be placed on them, and that a strongly-worded protest, signed by twenty-two practitioners, has been published in the *Derby Reporter*. The protest rightly calls the terms offered "ridiculous and degrading," and expresses a hope, in which we fully concur, that no qualified candidate will apply for the appointment. The protest is supplemented by a letter from Mr. J. Wright Baker, and both will, we hope, have the effect of gaining the attention and interference of the enlightened and thoughtful members of the community. Let the medical men of Derby, by their continued unanimity in repudiating the humiliating proposal, show that they are not unmindful of the dignity and well-being of the profession.

## HOSPITAL STOPPAGES IN THE ARMY.

The late order depriving the soldier of all his pay whilst in hospital for diseases attributable to causes within his own control is, we understand, giving rise to much discontent. It may be quite right, in the interests of the good soldier, to make a distinction between patients suffering from diseases contracted in the execution of their duty, and those whose inefficiency is due to their own misconduct; but this might have been done without depriving the latter class of their pay altogether. As for the medical attendant being constituted the judge of his patients' morality and conduct, it is absurd to suppose that professional men will undertake functions so entirely at variance with the nature and spirit of their calling! Mr. Cardwell surely cannot have contemplated all the difficulties that may arise out of this ill-advised measure, and the effect it may have on recruiting. According to existing regulations a soldier is liable to punishment for the concealment of his disease, and to the stoppage of all his pay if he does not conceal it! We presume that the Government holds the principle to be sound in military as in civil life, that inefficiency from self-induced diseases should be followed by the loss of money which a man has failed to earn through his own

conduct. It ought not to be forgotten, however, that the soldier leads a life of enforced celibacy for the good of the State. We do not see how the soldier can, with any justice, be compelled to go to hospital and be deprived of his pay if he is ready to perform his contract by discharging his military duty, and this he will now do at the ultimate expense of his health, and with the risk of spreading contagion. There is a good deal of human nature in man, as Sam Slick said, and a man in a red coat is not very different from a man in one of another colour. If the regulation had exacted a different and higher rate of hospital stoppage from a patient suffering from a self-induced disease than from his comrade sick in hospital with some severe pulmonary disease contracted by exposure and night duty, there would have been little feeling of discontent, and no sense of injustice, both of which are sure to arise now. Mr. Cardwell seems to have the unhappy knack of laying hold of a correct principle, and of rigidly applying it just where its application is likely to do harm, and of failing to apply a sound principle thoroughly where all depends on its being thoroughly applied. Are the medical authorities responsible for this order?

## READING AND BREATHING IN THE BRITISH MUSEUM.

STUDENTS have at the present time a grave alternative presented to them at the British Museum. They may go inside and read, or stay outside and breathe; but the authorities do not encourage the carrying on of both operations together. Perhaps they think that the whole energies of a student should be devoted to literature, and therefore try to prevent him from frittering them away on such matters of detail as breathing. Or perhaps they think that genius may be fostered, as plants are in a hot bed, by immersing it in a "literary atmosphere," of which flue, carbonic acid, and birch-bark oil seem to be the characteristic ingredients. That the student goes to sleep over his work, or leaves with a headache, is nothing to them, and merely proves his unfitness for the service of literature.

To speak more seriously, it is high time that better ventilating arrangements were established in the reading-room of our great national Museum. In spite of the large area of the room, the atmosphere is constantly heavy and oppressive from the number of persons who breathe it, and the smell of the Russia-leather bindings, and the hot-water pipes by which it is heated, render it dry and irritating to the lungs. These faults could easily be remedied, and a stigma thereby removed from an institution which is in most respects very well managed.

## DIETARY SCALES AFLOAT.

STAFF-SURGEON JOHN M. HUNTER, M.D., R.N., has furnished a special article in the last Report on the Health of the Navy, which discusses the comparative value of the dietary scales now in use in the British and other navies. He traces in chronological order the various changes that have been made in the diet of our seamen since 1720, recapitulates much of naval history with which our readers are familiar in connexion with the gradual extinction of scurvy, and points out fully the objections that exist to the present scale of diet. They may be thus epitomised:—A restricted allowance of water; the ration of rum instead of a ration of beer or porter; the bad quality of tea served out; and the fact that, with the exception of biscuit and milkless tea, the men are without food for nineteen hours—i.e., from noon to the seven o'clock breakfast next morning. Tables of the diets used in the Dutch and American navies are appended to the Report, the marked monotony of all being obvious enough. Indeed, as we have often before remarked, so many varieties of preserved food now exist, that it is the duty of the authorities at the Admiralty and the Board of Trade to reconstruct entirely the scales of diet that now obtain in the Royal and merchant navies, and to do away altogether with lime-juice and other special antiscorbutics.

## THE TROOPS ON THE WEST COAST.

WE have received a few particulars regarding the troops on active service in the vicinity of Cape Coast Castle. They consist of detachments of the 2nd West India Regiment. It is a great mistake to suppose that the West Indian races are exempted from attacks of remittent fever and ague any more than the natives of India serving in our army. The West Indian troops suffer much from these diseases, and manifest a great susceptibility to rheumatism and tuberculous affections of an acute kind. The men at the redoubts — Napoleon Redoubt, for example — are tolerably healthy. The diseases are simple fever and diarrhœa of a dysenteric character. The troops occupy an irregular entrenchment on the summit of a hill. The encampment is surrounded by an embankment and trench. Single circular tents, and in some cases wooden huts made of wicker-work and covered over with grass, are used, and both are said to be well ventilated and not overcrowded. The men wash in the river. The encampment is well drained, its elevated position facilitating this being done. The rations for the troops consist of bread and fresh beef four times, with salt provisions, rice, bread, and vegetables on the other days of the week. The drinking-water is obtained from the Sweet River, and is said to be good. It is understood that on chemical analysis a large amount of vegetable matter may be detected in this water, but its use has not hitherto been attended with any bad effect. At Elmina the troops were not so healthy—indeed, all the stations garrisoned by us on the seaboard are in a very unsatisfactory condition as regards sanitation. Generally speaking, the health of the troops on the Coast has much improved of late. There is said to be a deficiency of doctors. We trust that the medical staff at present there may not be allowed to overwork themselves for want of assistance from England, and above all things it is to be hoped that Sir Garnet Wolseley and his staff may maintain their health and efficiency for the work before them.

## SOMETHING USEFUL.

"PROMPT Remedies for Accidents and Poisons" is the title of a table compiled by W. H. Hyett, F.R.S., and published for the benefit of the Gloucestershire Eye Institution.

The work has been designed to afford trustworthy information, in the most easily intelligible manner, as to what should and what should not be done to persons suffering from injury, poison, or sudden illness before medical aid arrives. It is evident that the author has throughout kept in view this object of his work, for the completeness of its execution is such that it furnishes, in a very practical style, the most useful hints upon the immediate treatment of every variety of medical or surgical emergency.

The probable value of a generally diffused knowledge of these hints must be readily apparent to all, but to none more than to medical men, who, by too often repeated experience, are rendered familiar with cases in which life is lost through delay in applying appropriate measures prior to a doctor's arrival.

The table, when mounted on a cardboard, gives directions on one side regarding suspended respiration and bodily injuries, and on the other respecting cases of poisoning. It

is very clearly drawn up, and we hope will soon occupy a conspicuous place in rural schools, vestries, police or railway stations, factories, mills, hotels, and even private houses.

## THE FACULTY OF MEDICINE OF PARIS.

OUR Paris correspondent last week alluded to the opening of the Faculty lectures, and the important topics on which the professors promise to discourse. Many of the subjects are of great interest, and when it is recollected that they will be treated by first-rate men, it becomes at once evident that a mass of information, conveyed in more or less eloquent language, is offered to the students. It is, however, to be noted that the latter are expected to work sedulously in the dissecting rooms, and that additional instruction is offered, by permission of the Faculty, to a number of independent lecturers, who teach in a familiar manner, and are granted rooms adjoining the anatomical theatres. Every morning from eight to ten cliniques are held in the principal hospitals, where the Faculty professors go round and daily give a clinical lecture. When it is added that several physicians and surgeons to hospitals, but not professors of the Faculty, also lecture and give instruction in their respective institutions, it will be seen that abundant opportunity is afforded to the diligent pupil.

## INSANITY IN THE NAVY.

IN his Annual Report to the Medical Director-General of the Navy on the inmates of the "service" Asylum at Yarmouth, Deputy Inspector-General William Macleod, M.D., refers to a question raised by him in 1869, as to whether general paralysis is or is not more prevalent among seamen who have been on long voyages and lived much on salt provisions. He records the opinion that "no asylum in Great Britain can show the same proportion of general paralytics—viz., 53 per cent. on the total admissions for the year—and that this form of disease has been for some years common among the seamen of the fleet, and is on the increase." It appears also that those admitted during the past year comprise almost exclusively men who have served in China for several years, including in some cases parts of two commissions. Syphilis, dysentery, and remittent fever are recorded as the chief predisposing causes, but we desire to draw attention to the opinion of Dr. Macleod as to dietetic influences in determining the general paralysis. It is most important that the very careful statistics compiled by this officer should be considered and discussed by those interested in, and conversant with, insanity, for if the opinion given in this Report be verified and accepted, the hands of those who are endeavouring to prevent disease afloat by a reformation in the scales of diet will be materially aided.

## CRITICISM ON GRIESINGER.

M. ANDHOUI, of Paris, has examined, in a late number of the *Gazette Hebdomadaire*, whether Professor Griesinger is quite correct in pronouncing cholera to be an intoxication, and shows that cholera is actually a specific disease belonging to the class characterised by a virus or a miasm. Reproduction of the disease and contagion can easily be conceived when the idea of a virus or miasm is adopted. But reproduction is not conceivable with the notion of a poison, which latter confines its action to the organism attacked. The poison of rabies acts fearfully, as does the venom of the serpent; but the lesion is not specific. The cholera and other contagious diseases, on the other hand, emit certain miasmatic products which propagate the complaint. So the point at issue is the distinction between the diseases presenting specificity and those not distinguished by a virus, specificity excluding the idea of an intoxication.

## METROPOLITAN DISPENSARIES.

THE committees of the dispensaries of London should prepare to make any reasonable statement they may be asked for as to their work. We believe we are not wrong in supposing that the Committee in connexion with the Hospital Sunday Fund, appointed at the recent meeting, is likely to go into the question of the work done by dispensaries very thoroughly, and in no unfriendly spirit. Dispensaries may greatly facilitate the work of the committee by criticising themselves, and accurately defining their own *raison d'être*. The great duty of attending medically on the poor falls on four different kinds of institutions—hospitals, dispensaries, Poor-law dispensaries, and provident dispensaries. An opportunity may be offered, in connexion with the investigations of Canon Miller's Committee, of demonstrating the distinctness and the importance of the work done by dispensaries, that does not often occur. The only work we believe as yet accomplished by the committee has been a friendly and frank conference with the Distribution Committee as to the distribution of last year, and the principles by which it was regulated.

## THE ROSS HOSPITAL.

THE north-west of Scotland has had a valuable addition to its charities in the "Ross Hospital," opened on Saturday at Dingwall, as a memorial to the late Dr. Ross, of Dunglust. A site at once airy and sheltered having been given by Sir James Matheson, the plans were prepared by Mr. Joass, architect. The building has three wings connected by long corridors, with the offices in the centre. Eight beds are already fitted, but a much larger number is contemplated, both in the medical and surgical departments. The sanitary arrangements have been devised and executed with much care, while the amenities of the institution, in the shape of airing-grounds without and pictures and books within, complete a memorial worthy in all respects of the able and genial physician whose name it will perpetuate. The opening ceremony was highly successful, the rank and wealth of the neighbouring counties being largely represented.

## EPIDEMIOLOGICAL SOCIETY.

THE first meeting of the Epidemiological Society for the coming session will be held at the rooms of the Medical Society, Chandos-street, Cavendish-square, on Wednesday evening next, the 12th inst., when the new president, Inspector-General Smart, M.D., C.B., R.N., will deliver an address. Dr. Smart succeeds Mr. Robert Lawson, Inspector-General of Hospitals Royal Army (retired), in the presidential chair. Professor Corfield retires from the secretaryship of the Society, and is succeeded by Dr. Wm. Squire, of Orchard-street, Portman-square.

## A CATHOLIC SCHOOL OF MEDICINE.

THE Catholic University School of Medicine was opened on Tuesday with a lecture by Dr. Lyons, the Dean of the Faculty, who spoke, among other things, of the advantages likely to accrue from the association of the institution with the Jesuits, who had always, he said, been identified with the greatest discoveries in every branch of science.

## HOSPITAL SUNDAY IN LIVERPOOL.

THE annual meeting of the supporters of the Hospital Sunday movement in Liverpool was held on the 31st ult., under the presidency of the Mayor. The report showed that a sum exceeding £10,000 had been contributed this year to the medical charities by means of Hospital Sunday

and Hospital Saturday, showing an increase of £1800 as compared with last year. Judging from the enthusiasm and good feeling apparent among the gentlemen forming the Committee of Distribution, we should imagine that next year's collection will prove to be an exceptionally large one.

## SANITARY CONDITION OF BRENTFORD.

WE are glad to hear that the Local Government Board has consented to hold an inquiry into the alleged nuisance caused in Brentford by the Ealing sewage. It will be necessary for the commissioner to bear in mind that the Ealing Local Board can at any time improve the quality of their effluent materially by a freer use of lime. Such an improvement may naturally be looked for just before and during a Government inquiry.

A FIRE at a lunatic asylum is an exceptionally serious affair—pyromania being itself a special form of mental aberration, though, curiously enough, cases are on record in which, on the principle of *similia similibus curantur*, pyromania disappears after the shock of another fire. As a rule, however, the "devouring element" is a dangerous experience for the lunatic, even when only an onlooker. The Peckham House Asylum was nearly burnt to the ground on Saturday; but the flames were, happily, brought under after many thousand tons of water had been thrown upon them. Thanks to the exertions of Dr. Stocker, the superintendent, no injury was sustained by any of the 300 inmates.

MR. A. H. GARROD, son of Dr. Garrod of Harley-street, has been elected a Fellow of St. John's College, Cambridge, in consequence of his proficiency in Natural Science. Mr. Garrod obtained a Natural Science scholarship in St. John's College on his entrance as an undergraduate at Cambridge. In 1871 he was first in the Natural Sciences Tripos, and has distinguished himself by his papers on the Sphygmograph, the Temperature of the Body, and other subjects, published in the numbers of the *Journal of Anatomy and Physiology*, and in the Proceedings of the Royal Society.

IN the General Orders issued by his Royal Highness the Field-Marshal Commanding-in-Chief, for the present month, we read the following important order:—*G. O.* 73. *Medical officers* serving with regiments or battalions under the provisions of the Royal Warrant of 1st March, 1873 (Clause 22, Army Circular, 1873), will be accounted for in future, in the regimental monthly returns, under the heading of "Officers Attached," and are not to be included in the numerical strength of regiments in the general monthly returns of home districts and foreign stations.

DR. HARDWICKE, in his quarterly report as public analyst for Paddington, states that he had examined during the quarter 54 articles of food, including 17 samples of bread and 22 samples of milk. The milk supplied to the parish showed a decided improvement, but the bread was in 10 instances adulterated with alum. The tea examined was fairly good, while the articles sold as "citrate of magnesia" contained neither citric acid nor magnesia.

AT a Court held on the 29th October the Lord Bishop of Ripon, Lord Cairns, Lord Lawrence, Mr. Henry H. Gibbs, and Mr. Money Wigram were elected governors of Guy's Hospital, to supply vacancies occasioned by the deaths of the Bishop of Winchester, Sir David Salomons, Mr. Hope Scott, the late Mr. Money Wigram, and by the resignation of Mr. John Masterman.

AT a meeting of the City Commissioners of Sewers on Tuesday last it was decided to ask the Government to introduce into Parliament at an early date a Bill containing provisions empowering local authorities throughout the kingdom to examine tea on shipboard and elsewhere, and, if necessary, seize and destroy such teas as should be considered adulterated and unfit for human food. Dr. Letheby's report, read at the same meeting, showed that the health of the City was good.

DR. LIVINGSTONE, we fear, is in danger of becoming "an institution." It seems to be his sad fate to furnish the lay press with periodical "sensations." The last incident in his chequered career is recorded by a resident at Borna, in Western Africa. The Doctor is a prisoner in a town twenty days from Borna, and is entirely without means to pay his ransom. Assistance has been sent to him, and he may be in Borna within a month. Why doesn't he come home?

AN additional wing to the Chesterfield and North Derbyshire Hospital will shortly be opened by the Duke of Devonshire, who is the president of the institution. Mr. Drabble, a vice-president, has just subscribed £100 to the funds—an example that we trust will be followed by other friends. The district is now in a remarkable state of prosperity, and there should be no difficulty experienced in obtaining an increase of income to meet the new requirements of the hospital.

AT the Comitia held at the Royal College of Physicians on Thursday, Oct. 30th, Dr. Robt. Druitt was elected a Fellow—a distinction which should have been conferred upon him long before. The Harveian Oration in the ensuing year will be delivered by Dr. Charles West. The Gulstonian Lectures will be delivered by Dr. J. F. Payne, the Croonian Lectures by Dr. Murchison, and the Lumleian Lectures by Dr. Sibson.

The following are the returns of the number of new students who have entered at the provincial medical schools this session:—Birmingham, 35 (making a total attendance of 98); Bristol, 8 (total 30); Leeds, 28 (total 95); Durham, 22 (total 60); Sheffield, 8 (total 18); Manchester Royal School of Medicine, incorporated with Owens College, 38 (total 138).

IT is proposed to erect a tablet and bust of the late Dr. John Murray in Middlesex Hospital, and to devote the surplus of the memorial fund to some purpose for enhancing the welfare of diligent students. Dr. Ediz and Dr. Robert King are the secretaries, and Mr. Campbell De Morgan is the treasurer, to whom subscriptions may be sent.

ON the retirement of Dr. King, who for forty years filled the post of medical officer to the Camberwell Workhouse, the guardians voted him a superannuation allowance of £120, being a moiety of two-thirds of the annual salary received by him. A letter, conveying the thanks of the board, was sent to Dr. King.

THE Corporation of Liverpool have, under the advice of their medical officer, Dr. Trench, decided to take steps for the compulsory purchase of a piece of land abutting on the quarantine ground, on which to erect a hospital for the purposes of the port.

A CHEMIST of considerable standing has just died in Dr. Crace Calvert, F.R.S., well known as Professor of Chemistry at the Royal Institution, Manchester, and as an industrious prosecutor of sanitary investigation.

A CORRESPONDENT of the *Canadian Medical Times* violently attacks the system of female medical education. Having seen certain evil aspects of the vocation of lady doctors in America, he "prays merciful Heaven to preserve Canada from the plague-spot."

DR. MACLEOD, who appeared last week before the Carlisle magistrates on a charge of causing the death of his wife by the administration of an overdose of morphia, has been committed for trial. Pending the result we shall refrain from commenting on the case.

THROUGH the exertions of Dr. Iliff, medical officer of health for Newington, an excellent mortuary, with post-mortem room and disinfecting chamber, has been constructed for the district.

ON the 22nd ult. Assist.-Surg. Harry Leach, 1st Brigade, Kent Artillery Volunteers, passed his examination at the Medical Department of the War Office, and received the certificate of proficiency.

MR. LONGLEY, Local Government Board inspector, at a recent meeting of the Holborn guardians, pointed out the generally healthy condition of the metropolitan workhouses.

CHOLERA continues at Antwerp, and about seventy cases have, up to the present time, occurred. The epidemic is decreasing rapidly at Havre.

THE Report on the Health of the Navy just published contains the death of a seaman who had been in the habit of smoking forty cigars a day.

THE Commander-in-Chief in India has ruled that surgeons in charge of native troops may appear mounted on parade and other duties.

THE Sanitary Committee of the Hackney vestry have voted a sum of £75 to Dr. Tripe for his services as analyst for the year.

IT is proposed to erect a cholera hospital in Liverpool, at a cost of £3000.

## ROYAL WARRANT: ARMY MEDICAL DEPARTMENT.

THE following Royal Warrant has been promulgated to the Army by direction of the Secretary of State for War.

VICTORIA R.

Whereas we have been pleased to make certain alterations in the Regulations for the Medical Service of our Army, contained in our Warrant of 1st March, 1873;

Our will and pleasure is that, from the date of our said Warrant, the following rule shall govern the pay of surgeons after fifteen years' service, and that the provisions of Article 6 of our said Warrant shall not be applicable to officers who before the 1st March, 1873, were entitled to forage in virtue of their several ranks:—

1. The pay of a surgeon after fifteen years' service in that rank shall be seventeen shillings and sixpence a day.
2. Officers of the Army Medical Department who, prior to 1st March, 1873, were in receipt of forage or forage allowance in virtue of their several ranks, shall continue to receive forage or forage allowance for the number of horses to which they were entitled before that date in accordance with the regulations then in force.

Given at our Court at Balmoral, this 23rd day of October, 1873, in the thirty-seventh year of our reign.

By Her Majesty's command,

EDWARD CARDWELL.

# Correspondence.

"Audi alteram partem."

## PROFESSIONAL REMUNERATION.

*To the Editor of* THE LANCET.

SIR,—So far as I am able to discover, I believe a large section of our profession are in accord with you in the opinion that the time has arrived for the readjustment of medical fees, and I trust the subject may be thoroughly ventilated, and a result satisfactory to all branches of the profession be speedily attained. This reformation must commence with the heads of our profession, and when they have placed their scale of charges on a more satisfactory basis, then, and not till then, can the general body of practitioners assume action, as their charges must bear a relative value to the honoraria of the consultees.

With regard to the time-honoured fee of one guinea, we must arrive at one of two conclusions—either that our ancestors of the seventeenth century were overpaid, or that we, 200 years later, in an age when the value of money has so much depreciated and the value of our services is so much enhanced, are shamefully underpaid. If, as I anticipate, the latter proposition be accepted, this strange anomaly should be forthwith corrected, and I cannot think it otherwise than an easy matter—i. e., if THE LANCET, the British Medical Association, and the Colleges of Physicians and Surgeons possess a will in combination with a power. I would suggest that the full-blown physicians and surgeons and men holding court appointments should never accept for a single home consultation a less fee than two guineas, the junior members of the consulting body to receive a maximum fee of two guineas for the first consultation and a single guinea for every succeeding one. Assuming such scale of fees in vogue, what may be the not improbable effect? Why, the seniors may lose 25 per cent. of consultants, and thus gain an additional income of 50 per cent. plus an additional period for that repose and relaxation which previous hard work and increasing age fairly entitle them to. The juniors would probably enjoy a larger and more remunerative *clientèle* at a time of life when they are best fitted for active and arduous work, and when a good income is most to be desired; whilst the great body of our professional workers will be enabled to place a fair value on their labour, skill, and time.

Such a scale of fees should, I think, do away with, to my mind, the objectionable practice of charging a double fee when the ordinary attendant accompanies the patient to the house of the consultee. Any practice tending to disunite the two grades of our profession is radically wrong; our interests should be identical and harmonious. The effect of the present system is constantly, amongst the less wealthy, to induce them surreptitiously to consult an expert whilst the medical attendant has charge of the case, or, having obtained further advice, to inform the practitioner afterwards, with, perhaps, the agreeable information that Dr. So-and-so has demonstrated the fact of some error in your long cherished diagnosis, and in the necessity for a thorough reform in the method of cure, he perhaps being quite in ignorance that the case was being treated by a medical practitioner; nevertheless, the bond of professional union is likely to be broken by such a *contretemps*, the interests of the physician have suffered with the reputation of the general practitioner, and in this way our influence and power as a body of educated gentlemen become crippled and impaired.—I remain, Sir, yours, &c.,

Dulwich, November 4th, 1873. J. RAND, F.R.C.S.E.

## BLOODLESS OPERATIONS ON THE PENIS.

*To the Editor of* THE LANCET.

SIR,—Those surgeons who are disposed to make their operations bloodless will find a clamp made for me by Mayer and Meltzer, of Great Portland-street, very convenient for amputation of the penis, circumcision, and the removal of warty growths. It consists of two discs of

vulcanite four inches in diameter and one-eighth of an inch in thickness, connected by a rivet which allows one to slide over the other. A V-shaped notch is cut from the circumference to the centre of each disc, but in opposite directions, so that they form together an opening large enough for the penis. By sliding one disc over the other, the opening is contracted, and when the penis is sufficiently compressed to stop the passage of blood, a binding-screw fixes the clamp.

I used to tie the penis with a piece of cord or red tape, and protect the pubes from any drops of blood by a piece of waterproof with a hole in it, but about six years ago it occurred to me that the instrument I have described would act both as the most convenient form of tourniquet and sufficiently protect the pubes, and on making use of it I found that it had the further advantage of retaining the penis in a position convenient for the surgeon.

Whilst writing on this subject, let me recommend a method of applying sutures suitable in all cases where the skin is very thin and abundant, but especially after the circumcision of boys. The plan is to use a glover's needle and fine waxed silk, and puncture as near as possible to the cut edge, and then draw the suture as tightly as if tying an artery. There is no need to tie the second half of the reef-knot. The skin will give way sooner than the knot. These sutures come away in removing the dressing on the second or third day, without any need of using scissors or forceps—instruments that are regarded with terror at these times. I have often been called to give chloroform whilst the surgeon removed the sutures from a circumcised penis, he having been unable to keep the patient sufficiently steady without it. In order to pierce the skin so near to the edge it must be held with forceps, and if they have a notch at the points the skin is held so steadily that a common sewing-needle may be used.

I am, Sir, your obedient servant

Cavendish-place, W. J. T. CLOVER.

## THE CONSTITUTION OF THE GENERAL MEDICAL COUNCIL.

*To the Editor of* THE LANCET.

SIR,—In a recent number you pointed out, as a defect in the constitution of the General Medical Council, the small proportion of surgeons, the Crown's four nominees being all physicians. It is not my purpose to refer to this defect further than to observe that the Colleges of Surgeons are represented by surgeons elected by their governing bodies. A far more serious defect is the utter want of representation of the obstetric department of medicine. After many years' work of the Medical Council, the state of obstetric practice in this country still remains in the same discreditable, because discredited, and chaotic condition as ever. Little or rather no security exists for providing the mass of the people with competent practitioners of midwifery. The conditions under which this branch of medicine is taught in our schools, and the position which it holds in the examinations for diplomas, are in the last degree unsatisfactory.

It is hardly reasonable to expect that a subject which demands special and wide acquaintance should be fairly dealt with by physicians and surgeons, who for the most part know little and care less about it. The constitution of the governing—that is, the electing—bodies is such that obstetric practitioners have no voice in the election. The whole power of the Colleges is monopolised by the pure physicians and surgeons, leaving the great bulk of the profession—that is, the members and licentiates of the Colleges—unrepresented.

That this state of things is fraught with danger to the public, that it impairs the confidence of the profession in the action of the Medical Council, and that it is the cause of much of the dissatisfaction which that body has inspired, no impartial looker-on can doubt.

The immediate remedy rests with the Crown, which has the privilege of selecting from a wider and more popular field than the small councils or other elective bodies of the universities and colleges. This privilege, if wisely exercised, gives the much-needed opportunity of correcting any errors which the universities and colleges, naturally reflecting their own faults as well as their virtues, can hardly fail to commit. This privilege, indeed, seems expressly reserved for the purpose of restoring the proper balance of representation by supplying elements ignored by the elective bodies.

I am, Sir, yours, &c.,

AN OBSTETRIC TEACHER AND PRACTITIONER.

November, 1873.

## THE ASHANTEE WAR: AN EXPLANATION.

*To the Editor of* THE LANCET.

SIR,—Your brief notice of the Army Hospital Corps last week contains a misapprehension of my letter to *The Times*, which I hope you will kindly permit me to remove. I was perfectly aware of the special training in field duties to which the corps above mentioned is subjected at Netley, and did not consider that a fact so well known needed special mention.

What I referred to was, in my humble judgment, a far more important matter—viz., special instruction by the professors of hygiene and medicine in the best means of preventing, so far as it is preventable, the serious sickness almost certain to be encountered in military operations on so pestilential a field as the Gold Coast.

It seems to me that one of the proper functions of a great military medical school should be to consider the medical aspect of any war in which this country is likely to be engaged or to which it is committed. To study it specially and to afford special instruction regarding it would be the natural result of such study. These are some matters connected with the protection of the soldier against disease in the field which are not to be found in books, even if books could be carried and consulted on a campaign. The soldier himself is proverbially careless in such matters; hence to be forewarned is to be forearmed. Injuries on the field of battle from so badly-armed an enemy as the Ashantees will probably play an unimportant part in the approaching field operations. Not so the sun-strokes, fevers, dysentery, and similar contingencies of fighting in an African bush and under an African sun. The value of authoritative instructions on such probable incidents of the Ashantee War from so eminent a body as the medical staff at Netley could scarcely be over-estimated. This is what I intended to express in my letter to *The Times*.

I am, Sir, yours faithfully,

November 3rd, 1873. F. J. MOUAT, M.D.

## URETHROTOMY OR LITHOTRITY IN AGED AND DEBILITATED PEOPLE.

*To the Editor of* THE LANCET.

SIR,—I have read with interest an article on the above subject, by Mr. Crowther, in your journal of Saturday last; but inasmuch as the kind of operation practised by himself and others is founded on a principle which is not supported by facts, a few remarks are called for. At page 624 he thus explains his method:—"I mean urethrotomy by the median section, with simple dilatation by the finger of the prostate gland." Now Professor Ellis has, years ago, shown that the prostate could not be dilated, and I would recommend any surgeon who has a doubt on the point to attend his incontrovertible demonstration on the subject. To say more would almost seem superfluous, but it may not perhaps be remembered that the prostate gland is encased in two jackets of white fibrous tissue, so dense and strong that the capsule is described, in Quain and Sharpey's Anatomy, fifth edition, page 1216, as "rather difficult either to tear or cut"; and yet this coat enveloping the prostate is supposed by many surgeons to stretch like a piece of india-rubber to kindly allow them to take out the stone and then to quietly return to its pristine condition. But facts prove that the prostate has never dilated for any surgeon, for it has only given way when lacerated or cut. Why has Dolbeau introduced perineal lithotrity? Simply because he found, by experiment on the dead subject, that the prostatic urethra could not be dilated beyond twenty millimetres, which is about its normal diameter in old men. The experiments which I myself performed in reference to the

subject proved that the prostate will only admit the terminal joint of the forefinger without lacerating, and a personal examination of all the specimens in the various museums in London a few years ago, showed me that in no single instance had a stone been removed from the bladder without lacerating or cutting the gland. Mr. Crowther refers to a lecture of Mr. Erichsen's; but, unless I am very much mistaken, that gentleman has considerably modified his views, and believes that in practical lithotomy, small calculi excepted, a stone must either be cut out or torn out. The objection to the method of so-called dilatation is, that it involves a laceration or bruising of the plexus of veins surrounding the prostate, and hence the common cause of death after lithotomy is pyæmia; and the procedure has, moreover, to answer for those disasters, by no means few in number, which have befallen lithotomists. Those surgeons who extract calculi by the so-called process of dilatation, which is in reality laceration, lose far more patients than those operators who cut rather than tear. No observation can be passed on the single instance related by Mr. Crowther, as he has omitted, quite accidentally I should say, to state what was the size of the stone he removed; nor can any remark be made on the Emperor Napoleon's case, as the details are still withheld from the profession.

I remain, Sir, your obedient servant,

Portman-square, Nov. 4th, 1873. W. F. TEEVAN.

## HEALTH OFFICERS AND "QUARTERLY RETURNS."

*To the Editor of* THE LANCET.

SIR,—I am glad to see that your correspondent, "Nil Desperandum," has raised the subject of the recent demand by the Local Government Board for returns of pauper sickness and deaths from medical officers of health. As I have, apparently like your correspondent, to deal with more rural sanitary authorities than one, I felt it necessary to decide upon what course I should take with respect to the forms which were forwarded to me by Mr. Lambert, and the course which I have adopted is this: to inform the sanitary authorities in each case of the information which the Government required and how it might be obtained—viz., by calling on the district medical officers to fill up their returns of medical relief in such a way as would enable me to obtain from them the statistics required by the Local Government Board, and by arranging with the registrars of births and deaths for copies of returns of deaths, to be afterwards checked for pauper deaths by the relieving officers. My suggestion has been somewhat differently received by different boards; some have readily fallen in with it, others have either directly or indirectly objected to adopt it. The result, of course, will be that where the information is supplied to me I shall forward it to the Local Government Board, where it is not I shall intimate the reason why I have not done so. Probably Mr. Stansfeld and his advisers will not be much surprised at this result, as it is pretty evident that they have simply made a fishing attempt to get what they could, and have pitched these quarterly returns at the heads of the medical officers of health in the devout hope that the majority of them would fight out the difficulties of obtaining them with the local authorities. I trust that my sanitary brethren will not be so easily deluded into undertaking what should be the work of the central board. I cannot help looking on this move of the authorities at Whitehall as a piece of diplomacy which is by no means creditable to them, and which goes far to justify the charges of blundering which have been brought against them in regard to their attempts at sanitary organisation generally. Instead of drawing up a memorandum on the subject of the statistics which they required, pointing out how they were to be obtained, and forwarding it to the sanitary authorities whose concurrence is necessary in order to realise this object, the Local Government Board has thought it consistent with its dignity to make the medical officers of health its cat's-paw in attacking the boards of guardians. Knowing full well, unless it was grossly ignorant on the subject, that all sorts of difficulties lay in the way of obtaining these returns, and that they cannot be procured without some expense, unless the officer of health is prepared to ask the medical and other officials of the board of guardians to do him the favour of helping him—a position in which no officer of health is likely to place himself,—it must have intended either to saddle that expense upon the officer of health, or to put him in the invidious position of asking the local board to incur it. For my own part I can only say that I do not intend to spend a penny in obtaining these returns. I quite concur with the Local Government Board as to their importance, and am prepared to do all that can be reasonably expected of me in tabulating and arranging the materials for them if they are supplied to me; but I shall certainly not ask other people to do as a favour what the Local Government Board can obtain as a matter of duty if they have any power in the matter, and what they have no right to ask at all if they have not. It is a good illustration of the blundering way in which the whole affair has been perpetrated, that the forms are sent down at the end of the quarter without any preliminary notice that they would be required, and when it is practically impossible in many cases to obtain the information which is wanted, inasmuch as everyone who has had much experience of the returns of medical relief usually sent into boards of guardians know that they are often so hastily made up as to be very untrustworthy data for statistical inductions. The fact is that if they are to be used for this purpose, for which they have neither been intended nor used hitherto, the attention of those by whom they are made should be called to the alteration, and they should be informed that more accuracy is required in filling them up than has been hitherto thought necessary. This notice would, with propriety, come from the Local Government Board, and not from a brother professional man, upon whom the district medical officers in many cases already look with some jealousy. We have heard a good deal of late of how little the Medical Department of the Local Government Board has been consulted in matters of sanitary organisation, and I sincerely trust that it has had no hand in this proceeding, which is as good a specimen as could be given of "how not to do it."

I am, Sir, yours &c.,

A MEDICAL OFFICER OF HEALTH.

November 3rd, 1873.

## CASE OF POISONING BY LAUDANUM.

SUBCUTANEOUS INJECTION OF LIQUOR AMMONIÆ FORTISSIMUS.

*To the Editor of* THE LANCET.

SIR,—I was called to M. L. H—— on October 28th, 1873, at half-past nine A.M., and found him quite insensible. Pupils contracted to a point, face much congested, and breathing laborious. I was shown a bottle containing a little laudanum, and which had been found near the patient. A stomach-pump would have been used had his friends not objected. Sulphate of zinc was given in large doses frequently, but, as it did not act, mustard was combined with it, and produced free vomiting. He was kept constantly walking about, and partook freely of coffee. Powerful purgative medicine was administered, but without effect, during the first three or four hours that I was in attendance, and half a drachm of tincture of belladonna was given hourly. By 2.30 P.M. the patient was able to converse with his friends, and explained that he had taken half an ounce of laudanum, which he had procured in small quantities at five different shops. At 4 o'clock, all the symptoms having subsided, he was allowed to go to bed. At 6 P.M., the bowels not yet being open, an enema of soapy water was administered, which acted. He was seen again at 10.30 P.M., when he seemed not quite so sensible; pulse 108, full. At 11.30 P.M. I found him a great deal worse; there was lividity of the face, pulse thready, great difficulty of breathing, total insensibility, pupils contracted, and skin cold. Mustard poultices were applied over the heart, to the back of the neck, and the calves of the legs. He took frequent doses of sal volatile, but with little benefit. Mr. Meates and I decided to inject subcutaneously one drop of liquor ammoniæ fortissimus, diluted with four drops of warm water, after which he was kept walking about the room. An hour later the subcutaneous injection was re-

peated; the pupils then dilated a good deal. Coffee and sal volatile were continued to be administered, and half a drachm of tincture of belladonna was also given for a dose. At 2 A.M., finding the pulse very flagging, and there being greater difficulty in keeping the patient walking, the liquor ammoniæ fortissimus was injected as before. His eyelids began to droop very much, but notwithstanding this, at 2.50 A.M., he asked for his watch to wind it up. At 3.8 A.M. he sank on his knees and expired. — I am, Sir, yours, &c.,

EDMUND HARTLEY, L.K. & Q.C.P.I.

Warwick-square, S.W., Nov. 3rd, 1873.

## SMALL-POX IN LEEDS.

*To the Editor of* THE LANCET.

SIR,—I notice in your last week's number an intimation that an inspection was necessary in my new Leeds district, owing to an outbreak of small-pox. Allow me to cite the whole facts of the matter.

On September 24th, 1873, a person came from Skelton, near Saltburn-by-the-Sea, with the disease upon him. He was ill nine days, and died. My district inspector reported the case, and I was at once upon the spot. By this time several people had caught the disease. I soon ascertained the names and residences of all, and showed them the necessity of keeping from public places, or even visiting their neighbours. I supplied them liberally with carbolic-acid powder. Saw myself that the ashpits and privies were emptied. The surroundings of those ashpits, &c., were well covered over with the powder. The whole system of drainage was examined by my able inspector, Mr. Newhouse, and myself, and found imperfect. The street in which those ashpits and privies are situated is not drained at all; the soil must therefore be in a very unsafe state. By continued watchfulness over the district, the epidemic was stamped out in six days from my first visit to the place. The number infected was 16, the deaths 3.

I laid the state of the district before my committee, which met on the 27th inst., and asked that they should at once have the drains in that district so improved as I thought would make it, as it ought to be, a very healthy locality, and also that drains be laid in all the back streets in which there are none at present. I could give you more elaborate details from my report of the 27th inst., but I know your space would not admit them. Hoping, in justice to me, you will publish these few facts,

I am, Sir, yours, &c.,

GEO. GOLDIE,

Medical Officer of Health for the Borough of Leeds.

October 29th, 1873.

## AN ARMY MEDICAL GRIEVANCE.

*To the Editor of* THE LANCET.

SIR,—I take leave to address you for the purpose of bringing before the notice of your readers an act of injustice of which the old officers of the African medical service are about to be made the subjects. By a recent warrant, issued in the current year, it is provided that for the future all medical officers entering the African service will receive double pay while on the Coast and count also double time. But it appears upon inquiry that these double and special advantages are not to apply to those officers now in the African medical service. And, furthermore, the latter are not allowed the privilege of being transferred to the general service, in order that they may *volunteer* for their old work (and thus, by a side wind, glean the advantages held out to all their other brethren). So that, as things now stand, a surgeon-major in the African section of more than twelve years' actual service may be in medical charge of an entire station on the West Coast, drawing 17*s.* 6*d.* per diem, while one of his juniors as surgeon will be taking 20*s.*, and a surgeon of five years' service 25*s.* per diem, and so on. It would appear, therefore, that length of service is in this case a decided disadvantage to an officer, and the bad moral effect in the army generally produced by such an arrangement cannot be questioned.

The injustice of the measure seems so very obvious that I trust you will afford space for these brief details in your columns. — I am, Sir, your obedient servant,

London, Nov. 4th, 1873. JUSTITIA.

## ARMY HOSPITAL STOPPAGES.

*To the Editor of* THE LANCET.

SIR,—By "Army Circular" bearing date September 26th, 1873, a weekly return is called for from medical regimental officers, of non-commissioned officers and men who have been treated in hospital on account of sickness &c. "due to their own misconduct."

Now, the knotty point is what diseases are to be included in this category. An offence is implied by the punishment accorded—viz., total stoppage of the offender's pay.

If the offence be a breach of military law, the medical officer, as he is constantly reminded, has no jurisdiction whatever; and if it be a moral offence, who is to decide? If it comes under the latter denomination, we would suggest to the bewildered medical officer that the point at issue be referred for decision to the nearest military chaplain.

I remain, Sir, yours &c.,

Plymouth, October 3rd, 1873. ONE IN A FIX.

## LIVERPOOL.

*(From an occasional Correspondent.)*

THE session at the Liverpool School of Medicine was opened under more than usually favourable auspices, forty first-year's men representing the new entries. This is the largest accession in the history of the school, and brings the total number of students engaged this session in the various classes to one over the hundred. Doubtless the opening of the new buildings has in a measure contributed towards swelling the ranks on this occasion.

Mr. J. P. Heywood has supplemented his gift of £1000 towards the expenses of the new museum and other buildings by an additional donation of £500. The total cost of the alterations, inclusive of the necessary fittings, is close upon £5500; with the exception of about £400, which still remains to be raised, this amount has been subscribed by the profession and the public, Mr. Heywood contributing the munificent proportion of £1500. The new museum is not yet completely fitted, but is in active progress, and it is hoped that the preparations will be transferred to their new home in the course of a few days.

The Physiological Laboratory is, perhaps, the most striking portion of the additions; it is well worth a visit, especially by those contemplating providing a similar department in connexion with other schools of medicine. The new arrangements, under the superintendence of Dr. Caton and Mr. Rushton Parker, are already found to answer in an admirable manner the requirements of the students engaged in practical physiology. Credit must be given to the College of Surgeons for the stimulus they have recently given in this direction by the altered curriculum. If their regulations are properly carried out at the schools, the students' acquaintance with the microscope and other instruments equally useful in practice will be, to a certain extent, guaranteed.

Mr. John Torr, M.P., who opened the new buildings on October 1st, and afterwards distributed the prizes, has, with the view of providing a permanent memento of the additional stimulus that has thus been given to medical education in Liverpool, presented £100 to the Council of the School for investment, the interest of which is to provide a medal commemorative of the opening of the new buildings. The Council have decided that this prize shall be awarded for anatomy and physiology, and that it shall bear the name of the donor, "the Torr Medal."

At another important centre of medical work, the Medical Institution, the session has been inaugurated with more than usual *éclat*.

The President's *soirée* of 1873 will long be looked back upon as one of the most enjoyable *réunions* in connexion with our Medical Society.

Liverpool, Nov. 5th, 1873.

OVER three hundred tons of diseased fish were seized and destroyed at Billingsgate during the past four months.

## IRELAND.

*(From our own Correspondent.)*

VERY little of medical interest has taken place in Ireland during the last couple of months. The session has just opened with the usual introductories at the various hospitals and schools, and the students are returning to their labours. By the death of Professor Smith, of the University of Dublin, which took place last week, the Irish School of Surgery has lost one of its greatest luminaries—in fact, the cause of surgery throughout the world may be said to have sustained an irreparable loss. Professor Smith, at the time of his death, was engaged in the completion of a work on surgical pathology, which, it is said, will be published by the University of which he was so distinguished a member.

At the last meeting of the senate of the Queen's University, the advisability of admitting women to attendance on the various medical classes was discussed, but obtained little support. Home Rule, rather than so-called Women's Rights, appears to have greater charms for Irish maids and matrons. The ideal "girl graduate with golden hair" is a very pretty conceit, but even imagination cannot accompany her into the dissecting-room. There we leave the region of romance, and dismiss from one's thoughts all gallantry and idealism. The number of women in Ireland anxious to enter upon this field of education must be very few indeed; in fact, the epicene sex from which we are said to derive our medical women does not exist in Ireland; at any rate, not to such an extent as would justify the remodeling of our medical schools to meet its wants, for, although the machinery of education—the ordeal by which the possession of the requisite knowledge is tested—should be the same for students of all sexes, the working of the machinery should unquestionably be different. Miss Jex-Blake gives, as the result of her experience, her opinion that a large number of medical students are of "a low social class, of small mental calibre, and no moral training." The golden age in which there will be no medical students answering to this description is probably remote; but we must also bear in mind that although at present only women really anxious to learn apply for admission into the medical schools, a time might come when Miss Jex-Blake's description would be applicable to the female medical students, in which case the conjunction of the sexes would be most inadvisable.

Some weeks ago a person, who advertises and placards himself as Dr. Mulvany, representing himself to be little short of "the Perfect Cure," obtained admission for his wife into the Rotundo Lying-in Hospital, this being the third occasion upon which he took advantage of that institution. Some days after admission, on calling to see his wife, he expressed his opinion that she had been neglected; when the master of the hospital, Dr. Johnson, ventured to differ with him, he knocked him down and beat him with a poker, injuring him severely. Of course he was given into custody and sent for trial. He was found guilty of the assault, but the jury, no doubt taking into consideration his qualifications, strongly recommended him to mercy. The judge, in sentencing him, is reported to have remarked that he was a qualified medical man, and sentenced him to but six months' imprisonment. Dr. Steele, the registrar of the Branch Medical Council in Ireland, writes to the papers saying that he is not qualified. Be that as it may, there is the dictum of a judge, and we are deprived of a heroic practitioner for six months. At the same time three persons, who only used their fists upon a gentleman to whom they were not even under the slightest obligation, received a sentence of seven years' transportation each. As the garotting season will shortly commence, it would not be a bad idea for gentlemen connected with that profession to have "Doctor" engraved on their cards, and advertise themselves as such. They may rely upon it that neither the Medical Council nor the Corporations will interfere.

The publication of the census for Ireland is progressing. One province is finished, and it is said that it will be completed, even to the vital statistics, before this generation has passed away.

The essays which obtained the Carmichael prize in last February, and which ought to have been printed, under the will of the late Dr. Carmichael, have not been heard of since, but it is unlikely that they have been lost. Surely the writers, at least, must have kept a copy.

Some changes have taken place amongst the medical men connected with the Dublin hospitals, which have already appeared in THE LANCET—one in Jervis-street Hospital, and two in the House of Industry Hospital. In these appointments it is said that purchase and pluralism, both of which have been found fault with in the Dublin system of making hospital appointments, have been avoided. Dr. Emerson Reynolds was appointed Professor of Chemistry to the Royal College of Surgeons, *vice* Professor Barker, deceased. The election of Professor of Surgery to the University of Dublin, *vice* R. W. Smith, deceased, will take place on Saturday next. Mr. Wharton, it is said, is likely to obtain that appointment.

Dublin, Nov. 4th, 1873.

## Obituary.

### ROBERT WILLIAM SMITH, M.D. DUBLIN.

NOT Dublin only, but every medical school throughout the country has sustained a severe loss by the death of this able and highly accomplished pathologist. Dr. Smith's studies in medicine were prosecuted at Dublin, where he became, in 1832, Licentiate of the Royal College of Surgeons; Doctor of Medicine in 1842; and Fellow of the Royal College of Surgeons in 1844. His proficiency as a surgeon soon attracted notice, and Richmond Hospital was the first scene of his labours. There he worked assiduously, founding the splendid museum for which the hospital is famed, and enriching it from year to year with the fruits of his researches in the form of drawings, casts, and preparations illustrative of every phase of surgical pathology. John Hunter himself did not labour with more assiduity or success at a similar object. In 1849 Dr. Smith was elevated to the chair of first Professor of Surgery in Trinity College, an appointment which he held with distinguished effect till the day of his death. He was an enthusiastic teacher, eloquent, while clear and incisive in style, and exceedingly popular with his students. Many of his descriptions of pathological development or surgical lesion are still remembered as models for their vividness and effect. Dr. Smith's reading in medicine, ancient and modern, particularly among French, Italian, and German authors, was encyclopædic in extent, while critical in judgment, and always tested by practice. His merits of style were as high in his written as in his spoken discourse, as may be seen in his classical treatise on "Fractures and Dislocations," published in 1847. Two hundred illustrations of admirable execution accompany the work. In 1849 appeared his "Treatise on Neuroma," also splendidly illustrated; while the Dublin medical and quarterly journals were indebted to him for papers on "Chronic Rheumatic Arthritis of the Shoulder," and on "Fractures of the Sternal End of the Clavicle." He held many local appointments, and possessed a considerable share of distinctions in connexion with foreign seats of learning and scientific bodies.

Dublin, as a school of medicine, owes much to him. In 1838 he took a prominent part in founding the Pathological Society, of which he was appointed first secretary, a post which he held for thirty-five years. In society he was noted for his probity and his public spirit, whilst the regrets of "troops of friends" attest his amiability and generosity of disposition.

Within the last few months symptoms of failing health declared themselves, causing him to resign the surgeoncy of Richmond Hospital for the consulting surgeoncy to the same institution. Hepatic disease set in, followed by ascites, which soon became hopeless. From July he lingered on till October 28th, when, after several days of acute suffering, he expired.

### JOHN BUTTERWORTH WALKER, M.R.C.S.

MR. J. B. WALKER, aged fifty-eight, died at his residence in Clifton-gardens, Maida-hill, on Saturday last, Nov. 1st, from acute pneumonia, after only a week's illness, during which he was attended by his friends, Dr. Sieveking and Mr. Bullock of Great Cumberland-place.

Mr. Walker was the son and only child of Mr. J. Walker, a gentleman of good fortune, who resided for many years at Sydenham, and latterly in Stamford-street, Blackfriars. He pursued his medical studies at King's College, and also at St. Thomas's Hospital, where he became a dresser under the late Joseph Henry Green. At the hospital he was always attentive to his duties, and, by his kindness to the patients and general amiability, became a favourite both with his master and his fellow-students.

He commenced practice at Iver, in Buckinghamshire, and married Miss Eleana Robinson, the step-daughter of Mr. Pennington, the surgeon of Needham Market, Suffolk. She died five years ago, leaving him with a family of ten children.

Mr. Walker removed from Iver to London about twenty years ago, and for the last fifteen years resided in Clifton-gardens. In this wealthy district of London he had a good practice and a large circle of friends, including many leading members of the profession. His genial character, kindness of heart, and amiability, endeared him equally to all his friends and patients, and his gentlemanly bearing and high sense of honour added greatly to his social character and position.

## Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were duly admitted Fellows of the College on Oct. 30th:—

Christie, Thomas Beath, M.D. St. And., Royal India Asylum, Ealing.
Eatwell, William Coverdale Beaty, M.D. Glasg., Oriental Club.
Moon, Henry, M.D. St. And., Old Steyne, Brighton.

The following gentlemen were on the same day admitted as Licentiates of the College:—

Dawes, Richard St. Mark, Lanark Villas.
Read, Robert Turner, East Grinstead.
Hills, Thomas Hyde, Knightrider House, Maidstone.
Lattey, Walter, Southam, Warwickshire.
Mackie, James Egan Harrison, Earl's-terrace.
Nunn, Philip William Gowlett, Vale-place.
Ransford, Thomas Davis, Guy's Hospital.
Sherwood, Arthur Paul, Edwardes-square.
Warden, Charles James Hislop, Westmoreland-place.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 30th:—

Bailey, James Johnson, Stockport.
Lyddon, John Henry, Chatham.
Robbins, Henry John, Aldeburgh, Suffolk.

THE City Asylum at Stone is to be enlarged at a cost of £9000.

THERE are now three medical candidates for the Coronership of Wilts—viz., Dr. William Adye, Mr. Edward N. Carless, and Mr. Frederick Thomas Sylvester.

AT the annual meeting of the subscribers to the North Lonsdale Hospital, it was announced that the institution would be extended by the erection of new buildings.

TWO additional houses, forming a portion of the Royal National Hospital for Consumption at Ventnor, are about to be commenced, Mr. John and Mr. Samuel Courtauld having generously undertaken to bear the entire cost of their erection. Only one pair now remains to complete the entire design, which embraces sixteen semi-detached houses for the reception of 100 patients.

DONATIONS &c. TO MEDICAL CHARITIES.—King's College Hospital has received a fifth £1000 from "M. W. O." The West London Hospital has received a third £1000 from "W. L. H." The Great Northern Hospital has received £200 from Mr. W. Banting. "X. Y. Z." has offered to give £500 to the West London Hospital, provided nine others do the same before the 1st of January.

MEDICAL SOCIETY, COLLEGE OF PHYSICIANS, IRELAND.—At a recent meeting, the following office-bearers were elected for the ensuing year:—Council: Lombe Atthill, J. Hawtrey Benson, Thomas Fitzpatrick, Samuel Gordon, T. W. Grimshaw, Thomas Hayden, George Johnston, Arthur Wynne Foot, Henry Kennedy, James Little, Alfred H. McClintock, John William Moore. Honorary Secretary: George F. Duffey.

VACCINATION AWARDS.—The Local Government Board has awarded Mr. G. Bland, of Sheerness, a grant of seven guineas (third time) for successful and efficient vaccination, and the board of guardians of the Sheppy Union have raised this gentleman's salary as medical officer of the workhouse by £15 per annum. Dr. J. R. McClintock, of Church Stretton, has received a gratuity of three guineas, as public vaccinator of the fourth district of Church Stretton Union. This gentleman received a gratuity for successful vaccination two years ago.

OPEN SCHOLARSHIP IN NATURAL SCIENCE.—About the end of January, 1874, there will be an election to a scholarship at Exeter College, Oxford, the candidates for which will be examined in biology, chemistry, and physics. Candidates are not expected to exhibit special knowledge of more than one of the above subjects, and preference will be given to a candidate who excels in biology or one of its branches. The candidate selected will have to satisfy the College that he has sufficient classical and mathematical knowledge to pass Responsions. There is no limit of age disqualifying candidates for this scholarship. The scholarship is of the annual value of £80, tenable for five years from matriculation. The scholar elected will have the use during term of a place in the histological laboratory of the College. For further information application should be made to Mr. E. Ray Lankester, Natural Science lecturer, Exeter College.

## Medical Appointments.

BOX, W. H., M.R.C.S.E., has been appointed Medical Officer to the Glyn Friendly Society, Oswestry, vice Wynne, deceased.

BURMAN, J. WILKIE, M.D., Deputy Medical Director, West Riding Asylum, Wakefield, has been appointed Medical Superintendent of the Wilts County Asylum, Devizes, vice Dr. Thurnam, deceased.

CALLERY, J. H., L.R.C.S.I., has been appointed Assistant House-Surgeon to the Carlisle Dispensary.

COX, R. W., F.R.C.S.E., has been appointed Hon. Consulting Surgeon to the Bristol Hospital for Sick Children.

CRESSWELL, T. H., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Wragby District of the Horncastle Union, vice Baker, deceased.

CROCKER, H. R., M.R.C.S.E., has been appointed a Resident Clinical Assistant at the Brompton Hospital for Consumption.

DAVIES, J. H., M.R.C.S.E., has been appointed Medical Officer to the Morfa and Cwmbrombil Collieries, near Talbach, vice Phillips.

GOWING, B. C., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for District No. 5 of the Daventry Union.

GRIBE, C., L.R.C.P.I., L.R.C.S.I., has been appointed an Hon. Surgeon to the Bristol Hospital for Sick Children.

HANHAM, F. W., L.R.C.P.Ed., L.F.P. & S. Glas., has been elected Surgeon to the Southern Dispensary, Widcombe, Bath, vice Owen Tucker, M.R.C.S.E., deceased.

JACKSON, A., M.R.C.S.E., has been reappointed an Hon. Surgeon to the Sheffield Public Hospital and Dispensary.

JAMES, J., M.R.C.S.E., has been appointed an Hon. Surgeon to the Bristol Hospital for Sick Children.

MACKENZIE, G. H., M.B., C.M., has been appointed Assistant-Physician to the Fife and Kinross District Lunatic Asylum, Cupar, N.B.

OWEN, A. WIGHELSWORTH, M.R.C.S.E., L.R.C.P.Ed., L.M., has been appointed Resident Medical Officer to the Guest Hospital, Dudley, vice Llewelyn Thomas, resigned.

PEACEY, W., M.B., M.R.C.S.E., has been appointed a Resident Clinical Assistant at the Brompton Hospital for Consumption.

PIGEON, H., L.R.C.P.Ed., M.R.C.S.E., has been appointed an Hon. Surgeon to the Bristol Hospital for Sick Children.

ROSS, J., M.B., Bombay Service, has been appointed Civil Surgeon of Zanzibar, vice Kirk.

ROBERTS, T., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Twyford or No. 4 District of the New Winchester Union, vice Godwin, deceased.

TURNER, H., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Spotland District of the Rochdale Union, vice Coventry.

VALLENTINE, G., M.B., C.M., has been appointed Parochial Medical Officer and Medical Officer under the Public Health Act for Girvan, Ayrshire, vice Taylor, resigned.

WILLIAMSON, C., L.A.H.D., has been appointed Apothecary to the Athy Dispensary District of the Athy Union, vice Irving, deceased.

WOOD, W. J. H., L.R.C.P.Ed., L.R.C.S.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Skirbeck District of the Boston Union, vice Radley, resigned.

# Births, Marriages, and Deaths.

## BIRTHS.

BROWN.—On the 23rd ult., at St. Bartholomew-road, Kentish-town, the wife of Andrew Brown, L.R.C.P.Ed., &c., of a daughter.

DALZEL.—On the 30th ult., at Kensington-park-gardens, the wife of W. F. B. Dalzel, M.D., Surgeon-Major late Bengal Army, of a daughter.

KAVANAGH.—On the 2nd inst., at Ierne House, Wickham-road, the wife of P. Kavanagh, M.D., of a daughter.

LITTLEJOHN.—On the 2nd inst., the wife of H. D. Littlejohn, M.D., of Royal-circus, Edinburgh, of a daughter.

M'SHEEHY.—On the 28th ult., at Eccleshill, near Leeds, the wife of E. L. M'Sheehy, M.D., Surgeon-Major 10th Brigade Depôt, Bradford, of a son.

SLADE.—On the 28th ult., at Puddletown, Dorchester, the wife of R. Slade, M.R.C.S.E., of a son.

TURNER.—On the 10th ult., at St. Giles'-street, Northampton [not Northampton-street, as erroneously printed last week], the wife of John Turner, M.D., M.R.C.S.E., of a daughter.

VASS.—On the 29th ult., at Tain, the wife of James Vass, M.D., of a son.

## MARRIAGES.

BIDDLE—BROWN.—On the 30th ult., at St. James's, Sussex-gardens, Daniel Biddle, M.R.C.S.E., of Kingston, to Frances Eliza Lydia, daughter of G. P. Brown, Esq.

POWELL—BENNETT.—On the 30th ult., at Mountfield, Richard Douglas Powell, M.D., of Henrietta-street, Cavendish-square, to Juliet, daughter of Sir John Bennett.

SANKEY—THORNE.—On the 4th inst., at the Parish Church, Kensington, Julius O. Sankey, Esq., Surgeon, &c., The Turl, Oxford, youngest son of the late Rev. R. Sankey, Rector of Witney, to Agnes Emma, youngest daughter of T. H. Thorne, Esq., of Leamington.

## DEATHS.

BERESFORD.—On the 18th ult., at Hartford, Connecticut, Dr. S. B. Beresford, a Graduate of the University of Edinburgh, aged 67.

BLAND.—On the 29th ult., C. Bland, L.S.A.L., of Winchester-street, Pimlico, aged 63.

BULLOCK.—On the 18th ult., Paul Wm. Bullock, L.R.C.P.Ed., of Wotton-under-Edge.

BUTCHER.—On the 24th ult., at Pontypool, John Butcher, Surgeon, aged 38.

CUTCLIFFE.—On the 24th ult., at Calcutta, H. C. Cutcliffe, F.R.C.S., Acting Professor of Surgery, Medical College, Calcutta, aged 41.

GARDINER.—On the 28th ult., Wm. Stoker Gardiner, M.D., of Cork.

MILBURN.—On the 28th ult., at Crawcrook, Ryton-on-Tyne, John T. Milburn, M.R.C.S.E., Army Surgeon (half-pay) late 10th Hussars.

POPE.—On the 30th ult., R. Tyrrel Pope, M.R.C.S.E., of Shirehampton, Bristol, aged 40.

# Notes, Short Comments, and Answers to Correspondents.

### CHINESE ITEMS.

IN the eleventh Annual Report of the Peking Hospital (1872) in connexion with the London Missionary Society, by Dr. John Dudgeon, are to be found some interesting cases of surgery in the treatment of the "heathen Chinee." There is a sect of the Tauist religion, whose practice of tenets contributes greatly towards finding work for the lithotomist. This sect ordains that all its disciples shall practise *kung-fu*, or medical gymnastics, with the view of strengthening the constitution and preventing disease. Many of their practices are of the vilest and most obscene description. One of the customs which a patient of Dr. Dudgeon learned was the introduction of a short lead bougie into the urethra at night, removing it in the morning. Lead bougies are also used for the cure of gonorrhœa, and in the impotence which Dr. Dudgeon avers sooner or later follows opium-smoking. They are of various sizes, and when about to be introduced are first rubbed with mercury. The patient in question had carried on the habit for ten years, and was convinced that he had thereby not only strengthened his system, but especially improved his complexion. One morning the bougie slipped into the bladder, from which it was then cut out by Dr. Dudgeon, who found it to measure two inches and a half in length, and to weigh 256 grains. Another patient had been in the habit of introducing a chopstick into the urethra; this also disappeared, and had to be cut out of the bladder. The Chinese have a simple way of settling a case of disputed parentage by a method described with great minuteness in the works on Forensic Medicine. The blood of the parent or supposed parent is to be added to that of the child in a basin of water. If the two coalesce, the case is beyond dispute; but if the drops do not draw together, there is no relationship. Dead relatives are recognised in a similar manner. It is satisfactory to learn that the benefits of vaccination are beginning to be felt and understood in Peking, and that there is in the town a shop for the "sale of anti-opium pills and the diffusion of knowledge."

*Epsilon* asks whether in the operation of "transfusion" the blood of the cow has been used to supply blood to the human subject. That of the sheep has often been employed.

*Impartial Observer.*—The carrying out of our correspondent's suggestions would be quite impracticable under the circumstances.

*Dr. J. Thompson.*—The paper shall receive immediate attention.

*Deep Anxiety*, (Dublin.)—How is it possible for us to answer our correspondent's question? Of one thing he may rest assured—viz., that the physicians who diagnosed the affection as functional are among the highest living authorities.

*O. G. M.*—1. Aitken's Practice of Medicine.—2. It is a reliable Anatomical work.—3. Dr. Fenwick's Student's Guide to Diagnosis.

### MEDICAL WOMEN.

*To the Editor of* THE LANCET.

SIR,—As you have done me the honour to refer to the paper I read at Norwich, you will, no doubt, allow me to correct one or two inaccuracies which have crept into your report of it.

You remark that "none of the female aspirants to medical practice have ever been known to hesitate to practise the art of medicine and surgery on men." Had my paper at Norwich been more fully reported, you would have found in it these words: "It is for the medical practice of women among their own sex, *and for this alone*, that I plead." So far as I am aware, none of the four ladies now practising in England are in the habit of attending male patients; nor have I, nor, as I believe, any of my fellow-students at Edinburgh, any such idea. Not long ago a gentleman, who was pleading the cause of medical women, was asked if *he* would like to be attended by one of them, and replied, most admirably, "No! I should hate it! and *therefore* I feel bound to enable women also to escape the *necessity* of being attended by one of the opposite sex." It is just because we believe that each sex ought to be able to secure the medical attendance of members of that sex that we claim medical education for women. We ask only that a *choice* should be allowed to women, since some of them also, not being "servilely abject," might, in your own words, "sometimes desiderate a medical attendant of their own sex." If you are correct in thinking that to most women "the idea of female doctors is positively repulsive," I cannot see any reason to fear the social revolutions which you anticipate, nor can I understand why, in that case, the practice of medicine "must cease to engage the attention of men"; for I presume that they will hardly withdraw from practice so long as the large majority of patients prefer to employ them.

I heartily agree with you that it is "foolish to imagine that anyone can properly practise gynæcology or obstetrics without being well versed in all the departments of medical and surgical practice." I venture, however, to differ in thinking that a practitioner who does possess the needful knowledge and skill will not be disqualified merely because her sex is the same as that of her patient. No one can desire more earnestly than I that the professional education of women should be at least equal to that ordinarily received by men, and if the standard can be raised for both I shall think it an additional advantage.

Allow me, in conclusion, to say that I made no allusion whatever to anybody's "feminine attractions," nor can I imagine how any such remark could find place in so very serious a discussion. What I did say was, that if in truth women could be seriously threatened with "loss of courtesies," in case of their claiming as their "rights" a share of the more earnest business of life, I, for my part, would prefer henceforth to open a door, or set a chair, for myself (and I know not what more substantial courtesies can be referred to), rather than do renounce my whole life work as the alternative. On this point I cannot refrain from quoting the recently published words of the Rev. Dr. Littledale: "Women may if they please cede their rights, though it is better for themselves and for men that they should not, but they may not abandon their duty; and that duty is, precisely as with men, to be of use in their generation with a varied and beautiful usefulness, not narrowed to one or two types, but as diverse as the temperaments and circumstances of mankind." It is just because we also take this large view alike of rights and duties that we cannot venture to give up claims that we believe to be sacred, because we are threatened with the loss of a chivalry that must be wellnigh dead before any such threat would be possible.

I am, Sir, yours obediently,

November, 1873. SOPHIA JEX-BLAKE.

*** We are pleased to give insertion to Miss Jex-Blake's letter. We have never entertained any personal feelings in discussing the subject of women doctors, and have only mentioned names when compelled to do so. In saying that women doctors do not hesitate to practise the art of medicine or surgery on men, we stated a general truth, and were in no way influenced by what was *pleaded* by this or that advocate. The half-dozen women who practise in England may have no intention to practise on men; but it is none the less true that women doctors, as a body, especially in America, never scruple to treat men. It is, therefore, against the subject, and not individuals, that we write. We still maintain that women must either go in fully and thoroughly for the study of medicine, or leave it entirely alone. There is no middle course; and although it is true that from time to time women have occasionally arisen who have distinguished themselves by their remarkable talent and learning, such examples are so rare that it is selfish in the extreme to ask for the few, changes which would entail great pecuniary outlay and inconveniences on the many. If women possessed a school for themselves, we doubt whether it would continue to attract a sufficiently large number of the *élite* to maintain it; so that it must sooner or later be closed or be supported by inferior female students—a state of things which few would venture to assert to be preferable to that now existing. We fail to see that our correspondent has corrected any inaccuracies in our last article; for the very instances in which she supplies corrections are our own remarks, and were not intended as a report of her paper. From some cause, either in ourselves or in our correspondent, Miss Jex-Blake has not quite caught the drift of our remarks, and has not distinguished between what we endeavoured to show might be if women had all medical practice to themselves and what is.—ED. L.

### THE SALE OF OPIUM.

SOME points worthy of consideration are suggested by the particulars of the case of poisoning which we publish this week from the notes of Dr. Hartley, who with Mr. Meates attended the unfortunate victim, who was a courier to Dr. Russell throughout the Franco-German war. It is no slight matter that an individual can go from chemist to chemist, procuring a deadly drug, such as laudanum, without it being compulsory for the retailer in every instance to make an entry of the transaction. We fail to see why the law should not place the same restrictions upon the sale of opium as upon strychnia, aconite, &c., when not prescribed by a registered medical practitioner. Support is given to the statement by the deceased that he had procured the poison at different shops, by the fact of the bottle bearing two different labels. We trust the case will prove a warning to the many who retail deadly poisons without due thought. Medically, the case would have had greater interest had we been furnished with further particulars as to the effects of the injection of the liquor ammoniæ, and the reasons for its introduction into the cellular tissue, instead of directly into the circulation.

THE communication of *Dr. H. T. Whittle* (Adelaide) shall, when received, have our attention.

### A SECOND-FIRST CLIMACTERIC.

*To the Editor of* THE LANCET.

SIR,—The epitaph quoted by Mr. Kesteven in your last week's issue admits, I think, of no satisfactory translation. Will you, however, allow me to make a few remarks on it? According to the ancient belief, the climacteric periods are the 7th, 14th, 21st &c. years of a man's life; but, of course, the difficulty lies in the word δευτεροπρώτῳ. In S. Luke vi. 1, we have the same word (the only instance of it), *ἐν σαββάτῳ, δευτεροπρώτῳ*, which in the A.V. is translated, "on the second Sabbath after the first." If this be the right rendering of the word, Henricus Parsonius died on the second climacteric period after the first—i. e., at 21 years of age. But Winer, Valckenaer, and others render it *second-first*, thinking that there were certain πρῶτα σάββατα, or principal Sabbaths, and that the one mentioned by S. Luke was the second of these. If this meaning be correct, H. Parsonius died on the second principal climacteric period of his life. Which are the chief climacteric periods of a man's life I leave to the medical profession to decide, and therefore also the exact age of Henricus when he died. I would add that Jerome uses the similar word δευτεροδεκάτη, meaning the *second-tenth*. The epitaph is one of the many of that period, which seem to have been written on purpose to puzzle posterity.

I am, Sir, your obedient servant,

ED. TH. HOUGHTON,

November 4th, 1873. Chaplain to the Salisbury Infirmary.

*To the Editor of* THE LANCET.

SIR,—In reply to Mr. Kesteven in your last number, I beg to suggest a remark with reference to the meaning of the quoted inscription. A second-first climacteric appears to me rather unintelligible. I should imagine the author of the epitaph was probably acquainted with New Testament Greek, and I believe there it refers to the "first Sabbath after the second day of Paschal week," and is equivalent to "next and πρωτος. "In the year of his age next to the first climacteric." Supposing the seventh year to have been thus considered, eight was the age implied; or supposing the critical years were formed by multiplying the numbers 3, 5, 7, 9, by 7, then 27 will have been the age of the deceased person.—Yours, &c,

November, 1873. PHILOS.

*To the Editor of* THE LANCET.

SIR,—I offer a conjecture as to the meaning of the singular inscription quoted in your last issue. The word δευτεροπρώτῳ is only found in one passage—viz, S. Luke vi., verse 1, where *ἐν σαββάτῳ δευτεροπρώτῳ* is by some commentators said to mean "on the first Sabbath in the second of a cycle of seven years." The ancients, I believe, divided the life of man into septennial cycles—climacteric periods; and the years 7, 14, 21, 28, &c., were called "anni climacterici." May we not translate "Anno ætatis suæ climacterico δευτεροπρώτῳ" thus: "In the first year of the second climacteric cycle of his age"?—a very roundabout way of saying "in his eighth year."

I am, Sir, yours, &c.,

Cowes, November 3rd, 1873. A.

*To the Editor of* THE LANCET.

SIR,—Both the Latinity and the Greek of the Sidbury epitaph are, of course, unscholarly; but the meaning undoubtedly is that Henry Parsons (not Parson) died in his 63rd year. As the first climacteric is seven years after birth, so the second-first would be seven years prior to the allotted term of life, 70 years. At the same time we must remember that δευτερόπρωτος, (the correct spelling) is a recognised word, and has a meaning fixed by Bishop Usher to be the first Saturday after the 19th of April. This was promulgated about the date of the epitaph, and it is possible that the day is specially indicated; "climacterico" still meaning the *grand* climacteric—now often only called simply the climacteric,—or 63rd year of the epitaphee's existence.

Your obedient servant,

Temple, November 4th, 1873. B. W. L.

*Hussar.*—1. The questions are to be found in the Appendix to the yearly volume issued by the Army Medical Department, and published by the Government printers.—2. Aitken's work on Medicine.

### ST. GEORGE'S, HANOVER-SQUARE (PROVIDENT) DISPENSARY.

*To the Editor of* THE LANCET.

SIR,—In your report of the St. George's, Hanover-square (Provident) Dispensary I see it stated that the persons it is proposed to benefit are tradespeople, artisans, servants, &c., whose income does not exceed forty shillings a week. Are we to understand that a servant or artisan, without family, in the receipt of over £100 per annum, is not in a position to pay the ordinary fees for medical attendance? And if so, will Government officials or curates, with the same or less incomes, be entitled to its benefits? Is the dispensary to be self-supporting, or will it have its share in the proceeds of "Hospital Sunday"? And how is the medical staff remunerated? I can hardly think that the rules as they appear in your report will prevent, as you say, hosts of unfit persons receiving medical relief. Yours, &c.,

November, 1873. IMPROVIDENT.

### ANNUITIES TO MEDICAL MEN.

THE French Medical Association will inaugurate on the 1st of January next the granting of pensions to decayed medical men. The funds necessary for the purpose have been accumulating for some years past through the generous gifts of members of the profession and from other sources, and it is now thought that these funds are sufficiently large to begin with. A feature which will render the annuities quite independent of unforeseen changes is that the capital necessary to produce the annual income will be invested in Government Stock, and become solely devoted to the paying of a particular pension. At the death of the annuitant this capital returns to the Association.

*A. B.*, (Liverpool.)—We do not prescribe. Let our correspondent consult some surgeon in his own neighbourhood.

*X.Y. Z.*—Messrs. Longman are the publishers.

### A FARTHING SWALLOWED BY A CHILD.

*To the Editor of* THE LANCET.

SIR,—On the evening of October 24th, T. E——, in great alarm, summoned me to see his child, aged sixteen months, who had just swallowed a farthing. The child, being seated on the shop counter, picked up a farthing, and began playing with it. The mother, hearing the child make a sudden choking sound, turned quickly round, and found it struggling in a violent suffocative paroxysm. Almost immediately, however, the obstructing substance seemed to pass downwards, and the child was at once relieved. The farthing, upon which suspicion at once rested, had disappeared. Kind neighbours, always ready to tender gratuitous medical advice, of course recommended the administration of a purgative. On the contrary, I advised that the child should be fed for the next few days upon thick oatmeal porridge and similar articles of diet, with the view of producing as much solidity of the stools as possible, in the hope that the irritating coin, becoming enveloped in the feculent mass, might be safely carried in its progress through the alimentary canal, and, being thus protected, might produce the least possible injury to the intestinal mucous membrane. This diet was faithfully adhered to, and on the morning of October 29th, the mother, hearing the child cry out for the first time as if in pain, found on examination the coin protruding from the rectum, and removed it with her finger.

The points of interest in this case were—1st, the tender age of the child; 2nd, the length of time occupied by the farthing in its passage through the alimentary canal (viz., four days and a half); and 3rd, the entire absence of any irritation or constitutional disturbance, the child having enjoyed its usual good health during the whole time.

Yours obediently,

Northampton, Nov. 1st, 1873. JOHN TURNER, M.D.

*A Subscriber.*—The object of the "new medical work" must be well known to its authors, or copies of it would not be distributed every evening in the dark parts of Oxford-street, as our correspondent alleges to be the case. Why not call the attention of the Society for the Suppression of Vice to the fact?

### "NAVAL SURGEONS."

IN our last week's article upon this subject we inadvertently spoke of "assistant-surgeons," a rank which has recently been abolished.

*Surgeon-Major Hooper*, (Aldershot.)—We cannot at the moment recall the exact ingredients; but if our correspondent will apply to Messrs. Bullock, or to Messrs. Savory and Moore, they will probably be able to furnish him with the information.

### A SAD CASE.

*To the Editor of* THE LANCET.

SIR,—Will you allow me, through the medium of your valuable journal, to draw attention to a case of real distress with which I am personally acquainted. It is that of a poor gentlewoman, the widow of a professional man, left with a family of five children totally unprovided for. She has now the prospect of being able to establish a school; but unless she can have a little assistance till pupils can be obtained, she will be compelled to give up her house, and so abandon all chance of keeping a home for herself and children. The eldest of these children is now only sixteen years of age, and I know well how perseveringly this widowed mother has struggled since her sad bereavement to give them an education sufficiently good to enable them to take their part in the battle of life in which they are as yet too young to engage. I shall be most happy to give further details of this sad case to any who will apply to my address, and also to give full particulars of the school which she wishes to establish, and for which she is most admirably qualified. She has the highest references from medical men and clergymen; amongst others, from Canon Baynes, Vicar of St. Michael's, Coventry.

Subscriptions will be gladly received and gratefully acknowledged by myself, at 9, Belsize-park, South Hampstead; and by Miss Lever, Acacia Lodge, Witney, Oxon. I am, Sir, yours truly,

9, Belsize-park, N.W., November, 1873. E. M. RIDPATH.

*Student*, (Peebles, N.B.)—At Berlin University the winter term began a fortnight ago; but as yet only eighteen students have matriculated in the Faculty of Medicine. The number of matriculants (according to Prussian newspapers) decreases more and more, from the enhanced cost of living in the capital, and the meagre assistance rendered to the University by the State.

### BLOODLESS OPERATIONS.

*To the Editor of* THE LANCET.

SIR,—With regard to bloodless operations, may there not be two sides to the question? Does not the bleeding render the administration of chloroform safer by relieving the right heart? Statistics on this head would prove valuable. It has been my misfortune to see death from chloroform in a case of strabismus. I think Mr. Power also lost a case in the same operation. I also saw two cases, one strabismus, and the other iridectomy (I think one was Mr. Jonathan Hutchinson's case); both were with great difficulty resuscitated. It might have been simply a coincidence; but they are all comparatively bloodless operations.—Yours obediently,

T. H. COLMAN, M.R.C.S.E.,

November 3rd, 1873. Late House-Surgeon, London Hospital

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

In the list of the officers elected to the Royal College of Physicians, Ireland, published in our last number, the following corrections require to be made:—Dr. Henry Kennedy has been nominated to the office of Vice-President for the ensuing year, and *not* Dr. Lyons, as stated. The Censors should be Dr. H. Kennedy, V.P., and Drs. Lyons, Jennings, and W. J. Smith. The rest of the officers were correctly given.

*R. T. L.*, (Vienna.)—The most exhaustive German-English Dictionary is Hilpert's; but, for our correspondent's purpose, the little work of Friedländer and Blackley will be amply sufficient.

*X. Y. Z.*, (Swansea.)—Of course not.

*Justitia.*—The case has not, as far as we know, come before a law court; but we think that the unwarrantable use of titles by a practitioner should incur the penalty for "raising money by false pretences."

*Mr. Jessop.*—Received with thanks.

THE NECESSITY OF INCREASING MEDICAL CHARGES.

*To the Editor of* THE LANCET.

SIR,—The season is coming round when we shall all make up our books, and send in our bills for the present year's attendance, &c.; and my object in addressing you is to ask the profession generally whether, in the face of the present prices of every necessary of life, without any prospect of their going down again, some advance should not be made in our charges for such attendances, &c. Otherwise, how are those members of the profession, who were barely getting a living when prices of everything were twenty-five per cent. lower than now, to meet their tradesmen's bills or outgoing expenses? In country practice it is usual to charge a shilling a mile for journeys, and for medicines supplied also—a bad system, but which it is difficult to wean patients from who have all their lives been accustomed to pay in this manner. In small towns the practice appears to be to charge simply for medicines, although, among the more enlightened, charge per visit, including medicine, is coming much in vogue. But, in whatever way the medical attendant has been accustomed to charge, is it not desirable to make some alteration to meet the increase in the cost of horse-flesh (which is certainly forty per cent. higher), provisions, wages, &c.?

If my letter should provoke a discussion on the subject, and lead to some definite arrangement as to charges, according to the circumstances and position of the patient, I shall consider myself well paid for writing it.

I am, Sir, your obedient servant,

Midland Counties, Nov. 1st, 1873. A COUNTRY SURGEON.

ERRATUM.—In the article on "The Vienna Congress" in THE LANCET for October 18th, a misprint occurred in regard to the number of members of Congress, which should have been *seven* hundred, and not, as stated, two hundred.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Pettigrew, Edinburgh; Dr. Hulme, Dunedin; Mr. T. Jones, Ruthin; Mr. Mackenzie, Cupar; Mr. Williams, Barrow-in-Furness; Mr. E. Walford, London; Dr. McLintock, Church Stretton; Dr. Agnew, Hobart Town; Dr. Rose Hampstead; Dr. Quinlan, Dublin; Dr. Harland, Wadhurst; Mr. Gordon, Rochester; Dr. Wilson, Glasgow; Mr. Norton, Woburn; Dr. Squarey, London; Mr. Borgen, London; Mr. Lewis, Liverpool; Mr. Balfour, Hampstead; Dr. Veitch, Middlesborough; Mr. R. O'Neil, Dorchester; Mr. Ashe, Derby; Mr. Blackford, Folkestone; Mr. Heeney, Whitchurch; Dr. Bartle, Liverpool; Mr. Burton, Reading; Mr. W. Ward, Mansfield; Mr. Baker, Derby; Mr. Lewis, Basingstoke; Mr. R. le Dewe, Chepstow; Dr. Turner, Northampton; Mr. J. Barnett, Portsmouth; Mr. R. Courcy, Leicester; Mr. Joy, Tunbridge Wells; Mr. Hanham, Bath; Mr. Bland, Minster; Mr. Lankester, Oxford; Mr. Comerford, Clifton; Mr. Swinford, Okehampton; Dr. Forster, Chippenham; Dr. Mouat, London; Mr. Lister, Liverpool; Mr. Bidpath, London; Mr. R. Bryan, Walmer; Dr. Guenther, Dresden; Mr. Whissell, Adelaide; Mr. R. Pulman, Leicester; Mr. Taylor, Aberdeen; Mr. Banks, Darlington; Mr. Lane, Yarmouth; Dr. J. W. Ogle; Mr. Horton, Wellington; Mr. Wood, Boston; Mr. B. Dickson, Hastings; Dr. Bell, Preston; Mr. Bingley, Winchester; Mr. Graveling, Reigate; Rev. E. T. Houghton, Salisbury; Mr. Grove, Oswestry; Mr. H. Rawdon, Toronto; Mr. Orwin, Barnsley; Mr. Hawkins, Ramsgate; Mr. Parkinson, Bedford; Mr. Mason, Burton-on-Trent; Mr. Feleo, London; Mr. Oliver, North Curry; Mr. Finney, Dublin; Mr. Hartley, London; Mr. Colman, London; Mr. Collingwood, London; M. E. le Mesure, Paris; Mr. Horne, Birmingham; Mr. Rand, Dulwich; Mr. Reid, Oldham; Mr. Poole, London; Messrs. Spiers and Pond, London; Mr. J. J. Smith, London; Mr. N. Churton, Hythe; Mr. C. Mayne, Sheffield; Mr. H. Morris, London; Mr. Lingham, Bolton; Mr. Offord, London; Mr. Barney, Cheltenham; Dr. Hitchman, Liverpool; Mr. Edwin, Huntingdon; Mr. Daniell, Hertford; Mr. Hinton, Bridport; Mr. Haymond, Luton; Mr. Rose, Greenock; Mr. Bloxam, Wisbeach; Mr. Thorne, Glasgow; Dr. Burman, Devizes; Mr. Wareup, Portsmouth; Mr. West, Stoke-on-Trent; Mr. W. Dunnett, Burnley; Messrs. Westermann and Co., New York; Mr. Mann, Ruthin; Mr. Hayling, Walham; Mr. Hemsley, Hungerford; Mr. E. Jones, Bala; Dr. J. Thompson, London; Mr. Maynard, Yeovil; Mr. Buce, Slough; The Registrar of the Royal College of Physicians of London; Epsilon; Impartial Observer; R. T., Vienna; Improvident; A Foreign M.D.; Europa; A.; Husear; Observer; Box; A. B.; Medicus; L. G. H.; O. N.; B. W. L.; Surgeon; Alpha; H. W., Cork; M.R.C.S.; &c. &c.

*Aris's Birmingham Gazette, Brighton Times, Glasgow Evening Star, Sydney Morning Herald, Penrith Observer, New Era, Nelson Daily Examiner, Barrow Daily Times, Whitehaven News, Southampton Times, Liverpool Mercury, Derbyshire Times, Carlisle Express, Bilston Herald, Inverness Courier, Derby Reporter, Revista de Portugal e Brazil, Winchester Examiner, Pinfolia, Kingston Medical Times, Melbourne Age, Indian Medical Gazette,* and *Australian Medical Journal* have been received.

## METEOROLOGICAL READINGS

*(Taken by Stewart's Instruments).*

THE LANCET OFFICE, NOV. 6TH, 1873.

| Date. | Barometer reduced to Sea Level, and 32° F. | Direction of Wind. | Wet Bulb. | Dry Bulb | Solar Radia. in Vacuo | Max. Temp. Shade | Min. Temp. | Rain-fall. | Remarks at 9 A.M. |
|---|---|---|---|---|---|---|---|---|---|
| Oct. 31 | 29·70 | S.W. | 41 | 42 | ... | 55 | 29 | ... | Wet |
| Nov. 1 | 29·28 | W. | 48 | 49 | ... | 53 | 29 | 0·15 | Overcast |
| " 3 | 29·44 | S.W. | 43 | 44 | ... | 55 | 40 | ... | Overcast |
| " 4 | 29·61 | N.W. | 37 | 38 | ... | 51 | 35 | 0·57 | Foggy |
| " 5 | 29·47 | S.E. | 48 | 49 | ... | 53 | 36 | 0·02 | Overcast |
| " 6 | 29·24 | S.S.E. | 49 | 50 | ... | ... | 47 | 0·45 | Overcast |

# Medical Diary of the Week.

### Monday, Nov. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations on the Eye, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON (11, Chandos-street, W.)—8 P.M. Mr. Thos. Bryant, "On a Case of Intestinal Obstruction and Gastrotomy."—Mr. A. E. Durham, "On a Case of Foreign Body in the Pleura accidentally introduced through Opening made for Empyema, and successfully treated."—Dr. Purcell: A Specimen of Calculus in Pelvis of Kidney.—Dr. Symes Thompson, "On a Case of Scrotulous Kidney."

### Tuesday, Nov. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY. — 8½ P.M. Mr. Jonathan Hutchinson, "On Abdominal Section and other modes of treatment for Intussusception."—Dr. Gee, "On a Case of Renal Calculi."

### Wednesday, Nov. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Introductory Address by the President, Dr. Wm. R. E. Smart.

### Thursday, Nov. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY. — 7½ P.M. Council. — 8 P.M. Dr. Peacock, "On the Advantages of Sea-voyages in the Treatment of Disease."

### Friday, Nov. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Dr. George Johnson, "On Cases of Poisoning by Homœopathic Concentrated Solution of Camphor"; also, "On Cases of Temporary Albuminuria, the result of Cold Bathing."—Dr. Anstie, "On a remarkable Case of Death from Meningeal Congestion, without any Inflammation."—Mr. Henry Arnott, "On a Case illustrating Esmarch's Method of Controlling Hæmorrhage in Operations by Elastic Bandaging."

### Saturday, Nov. 15.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.


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